DEPT.-65

JOB- 28

REEL- 7

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

BIRTHS
BEGINNING 1875
KP 23007

FORM RM-1 (11-58) RETAIN—PERM

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 346

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type (cards, paper, etc.)
Certificate of Live Birth		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily

B. ☒ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
70 yrs.	Micro. Perm.	70 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Live Birth, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently, and store the duplicate rolls of film for security purposes.

Retain original birth certificates Seventy (70) years after date of registration, and then destroy after microfilming.

Robert E. Faulkner — 3/28/63
Department or Bureau Approval — Title: Commissioner of Health — Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
70 yrs.	Microfilm Permanet	70 yrs. and Microfilm Permanent	☐	☒	☐

REMARKS: 2 negative Rolls

C. P. Poole — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR
2. APPROVED: CITY SOLICITOR
3. APPROVED: CITY COMPTROLLER
4. APPROVED: CITY TREASURER
5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS
6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM
7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

CITY HALL
BALTIMORE 2, MARYLAND

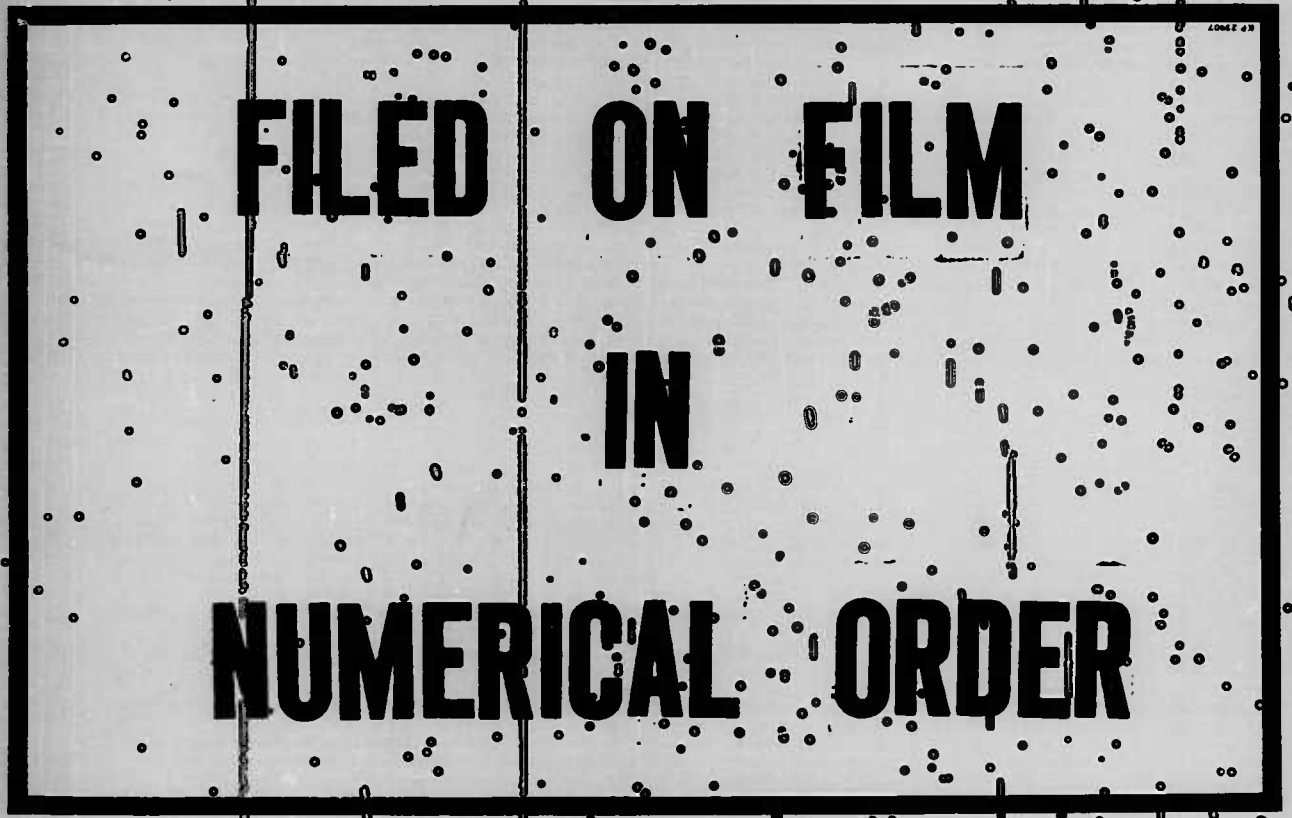
DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 346 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.


FILED ON FILM
IN
NUMERICAL ORDER

Vert Record of Vital Statistics in the City of Baltimore.

The attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23476

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	February 6th 1878
4. Place of Birth (Street and Number)	No 98 Tyson St.
5. Full Name of Mother	Elizabeth Pasco
6. Mother's Maiden Name	Elizabeth Diggs
7. Mother's Birthplace	Virginia
8. Full Name of Father	Louis Pasco
9. Father's Occupation	Waiter
10. Father's Birthplace	California
Name of Medical Attendant, or other Person who makes this return	Mrs Jane Winneberger
Address	No 23 N Liberty St
Remarks	

FEB 25 1878 BALTIMORE MD

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

23477

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 25 1878 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d &c.)	Fifth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	~~February 17th 1878~~
3. *Date of Birth*	February 17th 1878
4. *Place of Birth (Street and Number)*	No 5 New Church st
5. *Full Name of Mother*	Jemima Carroll
6. *Mother's Maiden Name*	Jemima Gorsuch
7. *Mother's Birthplace*	Warren Factory md
8. *Full Name of Father*	Jacob Carroll
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes the return	Mrs Jane Winneberger
Address	No 23 N. Liberty st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ord Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH: 23178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 1st

1. *Sex (~~state whether Male or Female~~)*

2. *Race or Color (~~if not of the white race~~)*

3. *Date of Birth* February 17th 1878

4. *Place of Birth (Street and Number)* No 33 Hanford Avenue

5. *Full Name of Mother* Mary Kinnear

6. *Mother's Maiden Name* Mary Stewart

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Robert Kinnear

9. *Father's Occupation* Engraver

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. Ridgway Smith M.D.

Address No 121 E Baltimore St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, father or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23179

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) White
3. Date of Birth " " " Feb 17th
4. Place of Birth (Street and Number) 64 West alley
5. Full Name of Mother " " Maggie Hoffman
6. Mother's Maiden Name Long
7. Mother's Birthplace Baden
8. Full Name of Father Nicholas Hoffman
9. Father's Occupation Varnisher
10. Father's Birthplace Berin

Name of Medical Attendant, or other Person who makes the return Mrs R Ballou

Address 248 Valley St

Remarks Balt Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23480

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 25 1878

BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 Febuary
4. Place of Birth (Street and Number)	34 Holdenfield
5. Full Name of Mother	Anna Crouch
6. Mother's Maiden Name	Anna
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mathias J Crouch
9. Father's Occupation	Wagoner
10. Father's Birthplace	Wicomico Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Crook
Address	Hanover Lucy Sidney Patapsco near
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

THE BOARD OF HEALTH SHALL FURNISH THE BLANKS TO THE CITY OF BALTIMORE.

23481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 17
4. *Place of Birth (Street and Number)* Ringold st
5. *Full Name of Mother* Wenner Catline
6. *Mother's Maiden Name* Forst
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Wenner
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Carthen Schaeck

Address West Pratt st 499

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23482

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 20 1878

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 17 Dec 1878
4. Place of Birth (Street and Number) 96 N. Caroline St.
5. Full Name of Mother Bertha F. ~~Lust~~ Lauster (Bertha F. Piepenbrincker
6. Mother's Maiden Name Piepenbrincker
7. Mother's Birthplace Baltimore Md
8. Full Name of Father John George Lauster
9. Father's Occupation Baker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Gerhard Miller

Address 1516 E. Baltimore

Remarks

RETURN OF A BIRTH.

231153

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	17 of feb
4. Place of Birth (Street and Number)	in the rear of 133 canton st
5. Full Name of Mother	Annie mae Hall
6. Mother's Maiden Name	dedoot
7. Mother's Birthplace	Baltimore county
8. Full Name of Father	Jorge Dolington Hall
9. Father's Occupation	common
10. Father's Birthplace	of Howard county
Name of Medical Attendant, or other Person who makes this Return.	mrs Susan Coleman
Address	no 30 Chapin st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23481

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	9 Th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 17 th. 1878
4. Place of Birth (Street and Number)	No 89. N. Exeter Street
5. Full Name of Mother	Mary Warner.
6. Mother's Maiden Name	Mary Blaise
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Godlieb Warner.
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Wurtemburg
Name of Medical Attendant, or other Person who makes this Return.	Wm. C. A. Bull.
Address	No 185 N. E. Cor of Monument St. & Central Av.
Remarks	All Well.

RETURN OF A BIRTH.

23485

HEALTH DEPT. FEB 25 1873 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 17th 1873
4. Place of Birth (Street and Number)	Harriett & Caldenhall Sts
5. Full Name of Mother	Annie Crouch
6. Mother's Maiden Name	Annie Perkins
7. Mother's Birthplace	Maryland
8. Full Name of Father	M. J. Crouch
9. Father's Occupation	Baltimore & Weale
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Coppe M.D.
Address	
Remarks	

RETURN OF A BIRTH.

23486

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 17th 1878
4. *Place of Birth (Street and Number)* No 654 Light St
5. *Full Name of Mother* Minnie Fisher
6. *Mother's Maiden Name* Minnie Manthe
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Fisher
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katherine Hoyt

Address No 654 Light St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the day of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23487

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 Feb
4. *Place of Birth (Street and Number)* 50 Harford Ave
5. *Full Name of Mother* Hattie Graham
6. *Mother's Maiden Name* Wallace
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Graham
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ursula A Chaisson

Address No 7 Forrest Place

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

RETURN OF A BIRTH.

23488

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The 6 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	of The Colored Race
3. Date of Birth	Born the 17 of Febvary
4. Place of Birth (Street and Number)	No 283 Hamburg Street
5. Full Name of Mother	Emly Thomas
6. Mother's Maiden Name	Emly Dunnere
7. Mother's Birthplace	Cecil County
8. Full Name of Father	Richard Thomas
9. Father's Occupation	Laiter
10. Father's Birthplace	Petersburg
Name of Medical Attendant, or other Person who makes this Return	Jully Mrs Speice
Address	No 5141 Howard St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23489

HEALTH DEPARTMENT
FEB
23
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 11

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 February
4. *Place of Birth (Street and Number)* No 138 E Lombard Street
5. *Full Name of Mother* Kattrin Rupp
6. *Mother's Maiden Name* Burkel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Julius Rupp
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Sophia Simmons

Address No 70 Grundy St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23490

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 23 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the White race)	White
3. Date of Birth	17 Feby.
4. Place of Birth (Street and Number)	241 Charles st.
5. Full Name of Mother	Rosina Lipke
6. Mother's Maiden Name	" Bertlein
7. Mother's Birthplace	Grossz. Herzogthum Wurtemberg
8. Full Name of Father	Adam Lipke
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Korb
Address	328 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH:

23491

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 17th 1878
4. Place of Birth (Street and Number)	No 1 N. Wolf Street
5. Full Name of Mother	Sophia D. Worthington
6. Mother's Maiden Name	Sophia D. Valentine
7. Mother's Birthplace	Balto city
8. Full Name of Father	Thomas Worthington
9. Father's Occupation	Clerk Steamboat
10. Father's Birthplace	Balto city
Name of Medical Attendant, or other Person who makes this Return	J. Edmund Whitefield M.D.
Address	195 Aisquith Street
Remarks	Physician certificate good

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. 270

RETURN OF A BIRTH.

233491

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: George J. Knoerlein

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Dec. 17/1878
4. Place of Birth (Street and Number)	814 Display Road near Hamburg
5. Full Name of Mother	Mary C. Knoerlein
6. Mother's Maiden Name	Brem
7. Mother's Birthplace	Pfalzendorf Bavern
8. Full Name of Father	Laurentz (Lawrence) Knoerlein
9. Father's Occupation	Florist
10. Father's Birthplace	Pfalzendorf Bavern
Name of Medical Attendant, or other Person who makes this return	Wm. A. Baumgarth
Address	N. Wolfe St. No. 28
Remarks	Landwife

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Secret Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 271.

RETURN OF A BIRTH.

23493

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Febr. 17. 1878
4. *Place of Birth (Street and Number)* Philadelphia Bond bet Aisquith
5. *Full Name of Mother* Margaretha Limmer
6. *Mother's Maiden Name* Wendel
7. *Mother's Birthplace* Wirtemb Bayern
8. *Full Name of Father* Georg Limmer
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Wirtemb Bayern

Name of Medical Attendant, or other Person who makes this return Mrs. C. Rapsch

Address N. Wolfe bet 28 and Greenmount

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ract Record of Vital Statistics in the City of Baltimore.

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No 272

RETURN OF A BIRTH.

2.21.94

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Febr. 17. 1878
4. *Place of Birth (Street and Number)* N. Washington str No 70
5. *Full Name of Mother* Mary anetha Herold
6. *Mother's Maiden Name* Nagel
7. *Mother's Birthplace* Kirchach Bavern
8. *Full Name of Father* Wilson Herold
9. *Father's Occupation* Schuhmacher
10. *Father's Birthplace* Bavern

Name of Medical Attendant, or other Person who makes this return Mrs. F. Braunsach

Address S. Wolfstr No 28

Remarks Mr. Dupe

WM. J. DILLARY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23493

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 - Child
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 17 1878
4. *Place of Birth (Street and Number)*	67 Burk Street Canton.
5. *Full Name of Mother*	Lowuna Marchel.
6. *Mother's Maiden Name*	Loeuna Fretom.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	George Marchel.
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Louisa Wiley.
Address	112 Patton Park avnew
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23496

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	17 Feb 1878
4. Place of Birth (Street and Number)	82 Exeter St.
5. Full Name of Mother	Johannah E. Carby
6. Mother's Maiden Name	" Downey
7. Mother's Birthplace	U. States of America
8. Full Name of Father	Theodore Carby
9. Father's Occupation	Laborer
10. Father's Birthplace	U. States
Name of Medical Attendant, or Other Person who makes this Return.	Sarah Casper
Address	513 E. Lombard.
Remarks	

RETURN OF A BIRTH.

23497

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	"
3. Date of Birth	Febuary 17th 1878
4. Place of Birth (Street and Number)	63 Albemarle St.
5. Full Name of Mother	Margaret Westendorf
6. Mother's Maiden Name	Margaret Hunger
7. Mother's Birthplace	Germany
8. Full Name of Father	Frank Westendorf
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	L. Kalker
Address	52 S. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23198

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
SEP
20
1978
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 Febru
4. *Place of Birth (Street and Number)* 36 Parrish St
5. *Full Name of Mother* Clara ~~Lee~~ Fritze
6. *Mother's Maiden Name* Clara Hesse
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Philip Fritze
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Catherine Schaeb West Pratt St 409

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23497

HEALTH DEPARTMENT
FEB 29 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Febr 12 d 1878
4. Place of Birth (Street and Number) Corner Fallon & Eden Sts
5. Full Name of Mother Sophia Schenk
6. Mother's Maiden Name Sophia Weirauch
7. Mother's Birthplace Germany
8. Full Name of Father John Geo Schenk
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other person who makes this return Mc K. Scott

Address 134 S. Bond St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23500

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth February 18 1878

4. Place of Birth (Street and Number) 161 Rabsey St

5. Full Name of Mother Lily Broma

6. Mother's Maiden Name Lily Crumpton

7. Mother's Birthplace Washington

8. Full Name of Father Moses Broma

9. Father's Occupation Waggoner

10. Father's Birthplace Mecklenburg

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 25 S Rabsey St

Remarks none

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23501

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 21 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 18th 1878
4. Place of Birth (Street and Number)	408 East av.
5. Full Name of Mother	Emily Brown
6. Mother's Maiden Name	Emily Pinkham
7. Mother's Birthplace	Anne Arundle Co. Md.
8. Full Name of Father	J. T. Brown
9. Father's Occupation	Laborer
10. Father's Birthplace	Anne Arundle Co. Md.
Name of Medical Attendant, or other Person who makes this Return	R. W. Mansfield M.D.
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A° BIRTH.

23502

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Dark Complection
3. *Date of Birth* February 18th 1878
4. *Place of Birth (Street and Number)* # 101 Hargrove Alley
5. *Full Name of Mother* Virginia France
6. *Mother's Maiden Name* " Johnson
7. *Mother's Birthplace* Virginia, Hanover Co.,
8. *Full Name of Father* Thomas France
9. *Father's Occupation* Fireman
10. *Father's Birthplace* West Indies.

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson.

Address # 6 Hamilton Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23503

171

HEALTH DEPARTMENT
FEB 23 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	fel 18
4. Place of Birth (Street and Number)	3 short st
5. Full Name of Mother	Amanda Barton
6. Mother's Maiden Name	not married
7. Mother's Birthplace	Cambridge Md
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Wm Leas Jas. [illegible]
Address	no 32 short st
Remarks	Healthy Child

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	February 18 1875
4. Place of Birth (Street and Number)	#3 North Chappel St
5. Full Name of Mother	Cunegunda Kupfer
6. Mother's Maiden Name	Cunegunda Seitz
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Jacob Kupfer
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	35 S. Durham St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23505

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9
2. Sex (state whether Male or Female) White female
3. Race or Color (if not of the white race) white
4. Date of Birth 6th of February 1878
5. Place of Birth (Street and Number) Centre avenue 400 E
6. Full Name of Mother Sarah E Funk
7. Mother's Maiden Name Gilliland
8. Mother's Birthplace Harford county
9. Full Name of Father Peter Funk
10. Father's Occupation Judge
11. Father's Birthplace Baltimore county
12. Name of Medical Attendant, or other Person who makes this return Mary Canning 15 S
13. Address Washington avenue
14. Remarks

WM. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23506

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 18 Febuare
4. Place of Birth (Street and Number) Canton av Sort St 435
5. Full Name of Mother ~~Maggie Reese~~ Maggie Fabek
6. Mother's Maiden Name Maggie Reese
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry Fabek
9. Father's Occupation Labor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Louisa Wiley

Address No. 1. Patterson Park avnue

Remarks Call in Doctor Gatley

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23507

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 18th 1878
4. Place of Birth (Street and Number)	14 32 Williams st
5. Full Name of Mother	Mary Coll
6. Mother's Maiden Name	Ohm
7. Mother's Birthplace	America
8. Full Name of Father	John Coll
9. Father's Occupation	Glasscutter
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this return	J. Lehmaster midwife
Address	213 Broadway
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23508

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

reet Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Two
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 18. 1878
4. Place of Birth (Street and Number)	No 14 Doppleton st Balt
5. Full Name of Mother	Josephine Steward
6. Mother's Maiden Name	Higgins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Steward
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs Seebach
Address	437 west Pratt st. Balt
Remarks	

RETURN OF A BIRTH.

23509

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 6 1878
BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) ....

1. Sex (~~state whether Male or~~ Female) ....

2. ~~Race or Color (if not of the white race)~~ ....

3. Date of Birth Feby 19, 1878

4. Place of Birth (Street and Number) # 50 N. Stricker St.

5. Full Name of Mother Helen J. Colton

6. Mother's Maiden Name Helen J. Vanderwater

7. Mother's Birthplace Washington Co. Ohio

8. Full Name of Father Frank L. Colton

9. Father's Occupation Coleman

10. Father's Birthplace New York

Name of Medical Attendant, or other Person who makes this Return. D.H.O. Coombs

Address 80 North Stricker St

Remarks Natural Presentation

~~Act Records of Vital Statistics in the City of Baltimore.~~

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

213570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 19th 1878
4. *Place of Birth (Street and Number)*	Bank Near Chatsworth St
5. *Full Name of Mother*	Mary F Kain
6. *Mother's Maiden Name*	Mary Foley
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Martin Kain
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E Linn
Address	# 203 N Washington St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17 February 1878
4. *Place of Birth (Street and Number)* 42 Spring M
5. *Full Name of Mother* Kate Stenbing
6. *Mother's Maiden Name* Rudolph
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Stenbing
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr Hench Mother

Address 151 East Pratt st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

LATER NAME ADDED 8-19-55

RETURN OF A BIRTH.

235121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Alverda Elizabeth Marsh

No. of Child of Mother, (state whether 1st child, 3d, &c.)	4 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Light color
3. Date of Birth	1878 - Feb the 19th
4. Place of Birth (Street and Number)	Residence of Russell &
5. Full Name of Mother	Brooks and West, Elizabeth
6. Mother's Maiden Name	Elizia King
7. Mother's Birthplace	Birth Place Va Orange Co
8. Full Name of Father	John H Worrell
9. Father's Occupation	Seaman
10. Father's Birthplace	Calvert Co Md
Name of Medical Attendant, or other Person who makes this return	Mrs Rilar Brooks
Address	Residence 2010 Turner St
Remarks	Mid ... except Delivered

That any physician, accoucheur, midwife, or other person ~~in charge~~, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23513.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child or Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*

2. *Race or Color (if not of the white race)*

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

WM. J. DULANY & CO., CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.3.1140

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, state whether 1st, 2d, 3d, &c.)	5th 1978
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb 7th 1878
4. *Place of Birth (Street and Number)*	Baltimore Pitts St No 12
5. *Full Name of Mother*	Georganna Nicholson
6. *Mother's Maiden Name*	Smith
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Nicholson
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs. C. Mitchell
Address	No. 122 Eastern St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23575

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Dec. 20th 1875

HEALTH DEPART
FEB 21 1876
BALTIMOR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

2. Sex (state whether Male or Female) Female.

3. Race or Color (if not of the white race) White.

4. Date of Birth Feb 12th 1875.

5. Place of Birth (Street and Number) 94 Register St

6. Full Name of Mother Mary Hoibel

7. Mother's Maiden Name Mary Schaeffer

8. Mother's Birthplace Germany

9. Full Name of Father August Hoibel

10. Father's Occupation Laborer

11. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Mrs Mary Hund

Address No 137 Wolfe St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, statistics distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23576

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb. 17th 1878.
4. *Place of Birth (Street and Number* 127 Bank St
5. *Full Name of Mother* Katie Bachmann
6. *Mother's Maiden Name* Katie Schaar
7. *Mother's Birthplace* America.
8. *Full Name of Father* Marcus Bachmann
9. *Father's Occupation* Painter.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amend.

Address No. 137 Hope St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23577

FEB 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 f child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* of The Colored Race
3. *Date of Birth* 19 of Feb
4. *Place of Birth (Street and Number)* No 239 South Howard Street
5. *Full Name of Mother* Lavia Tolson
6. *Mother's Maiden Name* Lavia Tolson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Kass
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jully A Spence

Address No 319 S Howard Street

Remarks

Sec. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23518

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th February 1878
4. Place of Birth (Street and Number)	43 Lancaster
5. Full Name of Mother	Kate Wozniak
6. Mother's Maiden Name	Kate Dejas
7. Mother's Birthplace	Poden Prussen
8. Full Name of Father	Michael Dejas
9. Father's Occupation	Leber
10. Father's Birthplace	Poden Prussen
Name of Medical Attendant, or other Person who makes this Return.	Cecylia Zygaj
Address	
Remarks	very well

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

23579

HEALTH DEPARTMENT
FEB 23 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 Feby.
4. Place of Birth (Street and Number)	435 Hamburg St.
5. Full Name of Mother	Kate Winecke
6. Mother's Maiden Name	" Wagner
7. Mother's Birthplace	Hessen – Darmstadt Germany.
8. Full Name of Father	Fredk Winecke
9. Father's Occupation	Butter Dealer.
10. Father's Birthplace	Kur. Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirby
Address	828 S. Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.3520

FEB 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 Feby.
4. Place of Birth (Street and Number)	83 Scott St
5. Full Name of Mother	Minnie Winter
6. Mother's Maiden Name	" Frost
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Frank Winter
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Poussin
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 South Eutaw St.
Remarks	

RETURN OF A BIRTH.

93521

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female Child
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* born on the 19th of Feb. 1878
4. *Place of Birth (Street and Number)* S. W. Corner of Fulton & Fulton
5. *Full Name of Mother* Kate R. Paul
6. *Mother's Maiden Name* Aurich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Paul
9. *Father's Occupation* Baker Keeper
10. *Father's Birthplace* Born in the City of Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Miss Miller

Address 57 Smallwood St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,3522

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	19th of February
4. Place of Birth (Street and Number)	Rebay Street 208
5. Full Name of Mother	Bridget Custen
6. Mother's Maiden Name	Bridget Hartig
7. Mother's Birthplace	Chicago
8. Full Name of Father	Michael Custen
9. Father's Occupation	Laborer
10. Father's Birthplace	County Limerick Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Pendrick
Address	45 Monroe st.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23523

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
FEB 23 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 19 1878
4. *Place of Birth (Street and Number)* Baltimore 105 Johnson st
5. *Full Name of Mother* Mary Lashields
6. *Mother's Maiden Name* " " Hemming
7. *Mother's Birthplace* Germany
8. *Full Name of Father* M Lashields
9. *Father's Occupation* Caulker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23524

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 19 1878
4. Place of Birth (Street and Number)	Baltimore 105 Johnson st
5. Full Name of Mother	Jennie McAlister
6. Mother's Maiden Name	Cullison
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert a McAlister
9. Father's Occupation	tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23525

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb. 9 1875
4. *Place of Birth (Street and Number)*	71 Jefferson str.
5. *Full Name of Mother*	Louisa Rice
6. *Mother's Maiden Name*	M. Moll
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Bernhard Rice
9. *Father's Occupation*	Day Labor
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this return	Mark R. Rudiger
Address	134 S. Bond St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23596

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Dead
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 19th 1878
4. *Place of Birth (Street and Number)*	Baltimore no 55 South Chester St
5. *Full Name of Mother*	Mary Eccham Garison
6. *Mother's Maiden Name*	Mary Eccham Kreider
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas Garison
9. *Father's Occupation*	Shipwright
10. *Father's Birthplace*	Anne Arundel County
Name of Medical Attendant, or other Person who makes this return	Louria Wiley Colm. Parker No 2
Address	Thomas Garison no 55 South Chester St East Baltimore
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Feed Records of Vital Statistics to the City of Baltimore.

That any physician, accoucheur midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23527

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 17th 1875
4. Place of Birth (Street and Number)	131 Mosher St.
5. Full Name of Mother	Sarah Jane Watson
6. Mother's Maiden Name	Brown
7. Mother's Birthplace	Carroll Co. Md.
8. Full Name of Father	Jno. H. Watson
9. Father's Occupation	Painter
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431 Penna. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23528

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	20 Feb. 1878
4. Place of Birth (Street and Number)	70 Canal St.
5. Full Name of Mother	Susanna Fisher
6. Mother's Maiden Name	" Rohr
7. Mother's Birthplace	U. States
8. Full Name of Father	Frederick Fisher
9. Father's Occupation	Laborer
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carter
Address	536 Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 the child of his mother

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) of the white ~~race~~

3. Date of Birth 25 th of February

4. Place of Birth (Street and Number) No. 103 Pierce Street

5. Full Name of Mother Rosa ~~Hecht~~ Keerty

6. Mother's Maiden Name Rosa Koch.

7. Mother's Birthplace Altsau Nere Kassel Germany

8. Full Name of Father Georye Keerty

9. Father's Occupation Tailor

10. Father's Birthplace Richelsdorf Nere Kassel Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Dumdei

Address 60 Schroeder

Remarks

RETURN OF A BIRTH.

23530

GIVEN NAME ADDED 2-3-53

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Catherine Margaret Emerine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb. 20th 1878
4. Place of Birth (Street and Number)	81 Ensor str
5. Full Name of Mother	Mary Emerine
6. Mother's Maiden Name	" Muller
7. Mother's Birthplace	City
8. Full Name of Father	George Emerine
9. Father's Occupation	Officer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this return	Mrs Elizabeth Bushman
Address	120 Bank str
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* February 20th 1878.

4. *Place of Birth (Street and Number)* Battery Av. No 281.

5. *Full Name of Mother* Laura Skinner

6. *Mother's Maiden Name* Laura Herold

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Cornelius O Skinner

9. *Father's Occupation* Labor

10. *Father's Birthplace* Middlesex County Va.

Name of Medical Attendant, or other Person who makes this Return Dorothea Brune.

Address 114 Battery Av.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE MD. FEB 28 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth February 20th. 1878
4. Place of Birth (Street and Number) Boys Aly No 14
5. Full Name of Mother Mary Ann Boice
6. Mother's Maiden Name Mary Ann Low
7. Mother's Birthplace Baltimore
8. Full Name of Father George Boice
9. Father's Occupation Labourer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 92 Hamburg St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23532

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 20th 1878
4. Place of Birth (Street and Number)	Patterson ave near Monroe St.
5. Full Name of Mother	Emma Agusta Bennett
6. Mother's Maiden Name	Emma Agusta Silence
7. Mother's Birthplace	Balto City
8. Full Name of Father	Lewis J. Bennett
9. Father's Occupation	Telegraph Op
10. Father's Birthplace	Frederic City
Name of Medical Attendant, or other Person who makes this Return.	J. R. Uhler M. D.
Address	234 W. Fayette St.
Remarks	

RETURN OF A BIRTH.

23534

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1970 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 two 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* the 20th Feby 78
4. *Place of Birth (Street and Number)* Balto St 4th alley back of Eden the Plimbard
5. *Full Name of Mother* Alzina Hall
6. *Mother's Maiden Name* Alzina Johnston
7. *Mother's Birthplace* Maryland Annasundel Co
8. *Full Name of Father* Counsel Hall
9. *Father's Occupation* Laborer
10. *Father's Birthplace* West Indies

Name of Medical Attendant, or other Person who makes this Return. mrs Leo Walker

Address 198 S. Ballas St

Remarks

Post Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.35.33

HEALTH DEPARTMENT OF BALTIMORE FEB 23 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Twenty Eighth not Twenty Six
4. *Place of Birth (Street and Number)* 20 Mercy
5. *Full Name of Mother* Mary Rose
6. *Mother's Maiden Name* Nehaff
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Rose
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Dr. Wm. Simon

Address No 20 Hanover St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ject Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or see at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.35.36

HEALTH DEPARTMENT
FEB 23 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d 2nd
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Colored Child
3. Date of Birth	Born Feb 21st 1878
4. Place of Birth (Street and Number)	No 218 Pine street
5. Full Name of Mother	Adaline Brown
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	No Father
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mrs Francis Gramby
Address	Sarah Ann Alley & No 161
Remarks	

Rec'd Record of This Notice in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23537

HEALTH DEPARTMENT
FEB
23
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	No 24 Hubard, Al.
4. Place of Birth (Street and Number)	20th Day of February 1878
5. Full Name of Mother	Mary Maur.
6. Mother's Maiden Name	" " Wigner.
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	Jacob Maur
9. Father's Occupation	Mechinest
10. Father's Birthplace	Hagerston Pensylvania.
Name of Medical Attendant, or other Person who makes this Return.	Miss Anne Lindner.
Address	No 45 Monroe St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

23538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. ~~Place~~ Date of Birth 163 W. Lombard St. (Maternity)

4. ~~Date~~ of Birth (Street and Number) February 22nd 1878

5. Full Name of Mother Mollie Mickerson

6. Mother's Maiden Name

7. Mother's Birthplace Balto

8. Full Name of Father Unknown

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return Dr. Wm. Gosnell

Address 163 W. Lombard St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reck Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 274.

RETURN OF A BIRTH.

23539

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)	4 te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Febr. 20 1878
4. Place of Birth (Street and Number)	W. Chamst. No 294
5. Full Name of Mother	Margaretha Stumpf
6. Mother's Maiden Name	Bitschert
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johann Stumpf
9. Father's Occupation	Schuhmacher
10. Father's Birthplace	Oberfalzing Bayern
Name of Medical Attendant, or other Person who makes this return	Mrs L Bousquet
Address	W Mulberry St No 28
Remarks	Mr. Dmfe

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Penalty for False Statements in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No 273

RETURN OF A BIRTH.

23540

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 25 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 5 te

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* Febr 20. 1878
4. *Place of Birth (Street and Number)* E Fayette st 196
5. *Full Name of Mother* Elisabeth Gerbes
6. *Mother's Maiden Name* Gemmeke
7. *Mother's Birthplace* Hermeyhausen Kur Hessen
8. *Full Name of Father* Franz Gerbes
9. *Father's Occupation* Cigarrenmaker
10. *Father's Birthplace* Hannover

Name of Medical Attendant, or other Person who makes this return Mrs L Raupach

Address S Wolf st No 28

Remarks M. Imp

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

FEE Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23541

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20 — 1878
4. Place of Birth (Street and Number)	184 Washington Ave — Hospital
5. Full Name of Mother	Barbara Hochstetter
6. Mother's Maiden Name	Fuller
7. Mother's Birthplace	Wurtemburg — Germany
8. Full Name of Father	Johann Hochstetter
9. Father's Occupation	Merchant
10. Father's Birthplace	Bavaria — Germany
Name of Medical Attendant, or other Person who makes this Return.	W. H. Rau M.D.
Address	84 Mulberry St
Remarks	

Penalty of Fifty Dollars in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23542)

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 22 — 1878
4. Place of Birth (Street and Number)	185 W George St
5. Full Name of Mother	Elmira Layton
6. Mother's Maiden Name	Green
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles H Layton
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Rinehold
Address	87 Mulberry St
Remarks	

Fees Received by Vital Statistics in the City by Enumerators.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2 23543

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feb 22nd 1878
4. *Place of Birth (Street and Number)*	N 20 Clemens st
5. *Full Name of Mother*	Catherine Buchman
6. *Mother's Maiden Name*	Shuhman
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Adam Buchman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	J. Lobaugh Sr midwife
Address	113 N 3rd st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

Form Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child: Cora Lee Ball Whitbecker

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 20 1886
4. Place of Birth (Street and Number)	Washington st. No 18
5. Full Name of Mother	Sarah E Whitbecker
6. Mother's Maiden Name	Sarah E Sutton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John M Whitbecker
9 Father's Occupation	Laborer
10. Father's Birthplace	Laborer Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann E Ball
Address	No 131 South Chester st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

reet Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

23545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21 at 1876
4. Place of Birth (Street and Number)	No 63 Wyeth St.
5. Full Name of Mother	Annie Townsend
6. Mother's Maiden Name	Rusk
7. Mother's Birthplace	Germany
8. Full Name of Father	Jas. S. Townsend
9. Father's Occupation	Police Officer
10. Father's Birthplace	Philadelphia Penn
Name of Medical Attendant, or other Person who makes this Return.	Dr. A. Blanco Mid
Address	141 Scott St
Remarks	

3

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, if children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23546

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vide Section 19 of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 21st 1878
4. Place of Birth (Street and Number)	311 Mulberry St.
5. Full Name of Mother	Mina Frederick
6. Mother's Maiden Name	Albrecht
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Christian Frederick
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. Hartsuff M.D.
Address	223 Franklin
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	Feb. 21st 1878
4. *Place of Birth* (Street and Number)	No. 114 Chamers alley
5. *Full Name of Mother*	Dina Bernaster
6. *Mother's Maiden Name*	Wayner
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Frederick Bernaster
9. *Father's Occupation*	Bar Keeper
10. *Father's Birthplace*	Germany
Name of Medical Attendant or other Person who makes this return	Mrs Elizabeth Bernaster
Address	120 Bank st
Remarks	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb. 21st 1878
4. Place of Birth (Street and Number)	89 N. Durham st.
5. Full Name of Mother	Regina Gazett
6. Mother's Maiden Name	Bohm
7. Mother's Birthplace	[illegible]
8. Full Name of Father	Henry Gazett
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Elizabeth Bushmann
Address	120 Bush st.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23519

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 23 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleven

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 21st 1878
4. *Place of Birth (Street and Number)* No 238 N Caroline st
5. *Full Name of Mother* Caroline Strawbridge
6. *Mother's Maiden Name* " Husmann
7. *Mother's Birthplace* Balto Maryland
8. *Full Name of Father* John Strawbridge
9. *Father's Occupation* Veterinary Surgeon
10. *Father's Birthplace* Balto Maryland

Name of Medical Attendant, or other Person who makes this Return. D. Ridgway Husmann

Address No 121 E Balto st

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23556

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Second
1. *Sex (state whether Male or Female)*	~~Male~~ Girl
2. *Race or Color (if not of the white race)*	Col'd
3. *Date of Birth*	Feb 21 11
4. *Place of Birth (Street and Number)*	1 The Belvidere Ave
5. *Full Name of Mother*	Martha Engelke
6. *Mother's Maiden Name*	Ohrs
7. *Mother's Birthplace*	Balt.
8. *Full Name of Father*	Casper Engelke
9. *Father's Occupation*	Black smith
10. *Father's Birthplace*	Martinsburg W Va
Name of Medical Attendant, or other Person who makes this return	Dr. P. Willis
Address	480 Holland St Balto Md.
Remarks	

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Brief Record of Vital Statistics in the City of Baltimore.

The city physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, or their place of condition, whether still born or not, the full name, nativity, and residence of the parents, and maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2355 1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Number of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 a

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth Born on the 6th of February

4. Place of Birth (Street and Number) North Street 116

5. Full Name of Mother Sarah Smith

6. Mother's Maiden Name Peterson

7. Mother's Birthplace Talbot County

8. Full Name of Father John Smith

9. Father's Occupation Grain Runner

10. Father's Birthplace Kent Island

Name of Medical Attendant, or other Person who makes this return Sarah Wilson

Address 7 252 Hughes St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One [illegible] 4th Child of mo The

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White race

3. Date of Birth February 21st 1878

4. Place of Birth (Street and Number) 1532 Covington Street Baltimore City

5. Full Name of Mother Dorothy ann Merrick

6. Mother's Maiden Name Dorothy ann Barrett

7. Mother's Birthplace Dorchester Co. Maryland

8. Full Name of Father Charles Edgard Merrick

9. Father's Occupation Carpenter By Trade

10. Father's Birthplace Dorchester Co. Maryland

Name of Medical Attendant, or other Person who makes this Return Miss Conway

Address No 131 Battery Avenue

Remarks

RETURN OF A BIRTH.

25553

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Live Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* February the 21. 1878
4. *Place of Birth (Street and Number)* Cambridge St No 139
5. *Full Name of Mother* Mary Henkens
6. *Mother's Maiden Name* Mary Dankmann
7. *Mother's Birthplace* Bockhausen. K. Preussen. Germany
8. *Full Name of Father* Bernhard Henkens
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Altenesch. K. Preussen Germany

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address N. Dallas St. No 26.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

233511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Feby 21st 1878
4. Place of Birth (Street and Number)	142 S. Bond St.
5. Full Name of Mother	Maggie Roberts
6. Mother's Maiden Name	" Norris
7. Mother's Birthplace	Balto. city Md.
8. Full Name of Father	John Roberts
9. Father's Occupation	Clerk Micanica Co. Md.
10. Father's Birthplace	Micanica Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R.N. Mansfield M.D.
Address	117 S. Broadway
Remarks	

Extract from Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2355 37

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male Healthe
2. Race or Color (if not of the white Race) White
3. Date of Birth 21rst of Feb. 1878 1/4
4. Place of Birth (Street and Number) West Fayette St.
5. Full Name of Mother Sara Blankner
6. Mother's Maiden Name J. Osman
7. Mother's Birthplace Balto. M.d.
8. Full Name of Father L. Blankner
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Hilton

Address 57 Smallwood St.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23556

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT DEC 23 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2d
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Feb. twenty first
4. Place of Birth (Street and Number)	Place of Birth Pine St No 18
5. Full Name of Mother	Martha Wilson
6. Mother's Maiden Name	Maiden Name Martha Brooks
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Wilson
9. Father's Occupation	Waiter in Hotel
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Francis Granby
Address	Sarah Ann St No 161
Remarks	

FOR RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29557

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 21st 1878
4. Place of Birth (Street and Number)	83 N. Eutaw
5. Full Name of Mother	Jane Watts
6. Mother's Maiden Name	Beziat
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John Wesley Watts
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

Fees Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23658

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT FEB 25 1878 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febr 21 78 78
4. *Place of Birth (Street and Number)* 236 Cantonstr
5. *Full Name of Mother* Louise Kraft
6. *Mother's Maiden Name* x x Ehrmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo Kraft
9. *Father's Occupation* Keyler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return M. K. Rudiger

Address 184 x Bond Str.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

sect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person having charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23559

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	22 Feb 1888
4. *Place of Birth (Street and Number)*	417 E Eager St
5. *Full Name of Mother*	Mary A Fauerwein
6. *Mother's Maiden Name*	(nee) Gebhart
7. *Mother's Birthplace*	Delaware
8. *Full Name of Father*	George P Fauerwein
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Louise Weigel Fauerwein
Address	No 26 N Linwood Ave
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23360

TO the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	22 February
4. *Place of Birth (Street and Number)*	146 Warner Street
5. *Full Name of Mother*	Susie M Bibbins
6. *Mother's Maiden Name*	Susie A Martin
7. *Mother's Birthplace*	Eastern Shore Virginia
8. *Full Name of Father*	Edward Bibbins
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Eastern Shore Virginia
Name of Medical Attendant or other Person who makes this return	Millie Gross
Address	131 York Street
Remarks	Dr Mitchell Born

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

20561

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: George Klein

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 22nd 78
4. Place of Birth (Street and Number)	129 Hill st
5. Full Name of Mother	Mary Klein
6. Mother's Maiden Name	Klitch
7. Mother's Birthplace	Balto
8. Full Name of Father	Joseph Klein
9. Father's Occupation	Carpenter
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kelly
Address	328 S. Eden st City
Remarks	

APR 31 1878

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

235621

HEALTH DEPARTMENT FEB 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 27 1878
4. *Place of Birth (Street and Number)*	595 Light St
5. *Full Name of Mother*	Annie E Harrison
6. *Mother's Maiden Name*	Annie E Thomas
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jas R Harrison
9. *Father's Occupation*	Restaurant Keeper
10. *Father's Birthplace*	Kent Co Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke MD
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

Just any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22563

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22nd of Feb 1878.
4. Place of Birth (Street and Number)	237 W Wolfe St.
5. Full Name of Mother	Ada Smith.
6. Mother's Maiden Name	Ada A Lafferty
7. Mother's Birthplace	Frederick Md.
8. Full Name of Father	John Smith.
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno Wall
Address	125 N Eutaw
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23564

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth February 22 1878.
4. Place of Birth (Street and Number) No 260 Madison st.
5. Full Name of Mother Lenora Baker
6. Mother's Maiden Name Lucy Stagner.
7. Mother's Birthplace Baltimore.
8. Full Name of Father John Baker
9. Father's Occupation Policeman.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Wm. Hilbert.

Address No 182 Monument st.

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23565

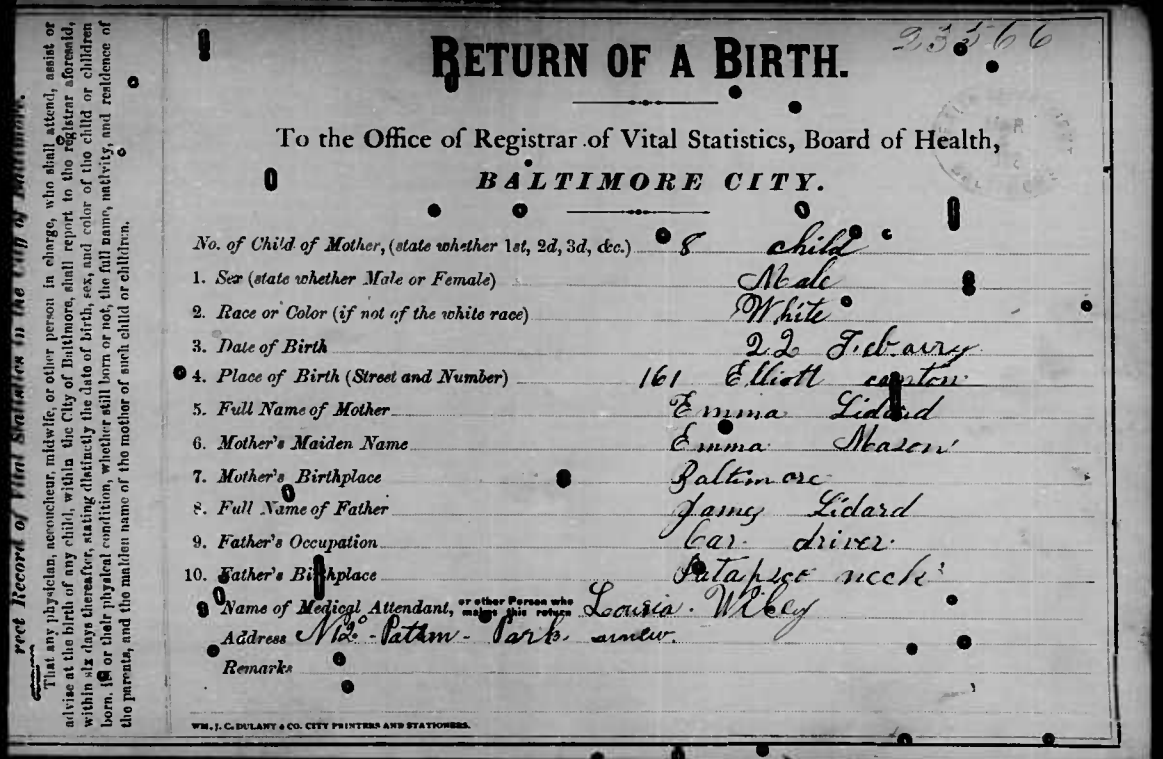
To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 February 1878
4. Place of Birth (Street and Number)	No 116 Eodrey Baltimore County Md
5. Full Name of Mother	Sarah E. Hurst
6. Mother's Maiden Name	Sarah E Coman
7. Mother's Birthplace	Harford County Md
8. Full Name of Father	George F. Hurst
9. Father's Occupation	Laber
10. Father's Birthplace	Baltimore County Md
Name of Medical Attendant, or other Person who makes this Return.	Margret Ettel
Address	
Remarks	

Text Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.



RETURN OF A BIRTH.

23566

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	22 February
4. *Place of Birth (Street and Number)*	161 Elliott corner
5. *Full Name of Mother*	Emma Lidard
6. *Mother's Maiden Name*	Emma Mason
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jamy Lidard
9. *Father's Occupation*	Car driver
10. *Father's Birthplace*	Patapsco neck
Name of Medical Attendant, or other Person who makes this return	Louis. Wiley
Address	No. 2 Patterson Park avenue
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Every Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.3567

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. FEB 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 22nd 1878
4. Place of Birth (Street and Number)	222 George
5. Full Name of Mother	Margaret Ann Ruckle
6. Mother's Maiden Name	Rogers
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Olliver Paul Ruckle
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Green
Remarks	

FEE Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23568

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1o
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 Feb
4. Place of Birth (Street and Number)	435 Aisquith St
5. Full Name of Mother	Martha Bacon
6. Mother's Maiden Name	Keating
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Bacon
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula [illegible]mer
Address	No 7 Forest Place
Remarks	

RETURN OF A BIRTH.

23567

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

FEB 25 1878 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	6th
1. Sex (~~state whether Male or Female~~)	"
2. Race or Color (~~if not of the white race~~)	"
3. Date of Birth	February 2nd 1878.
4. Place of Birth (Street and Number)	45 N. Carey St.
5. Full Name of Mother	Henrietta Huggard Raimond
6. Mother's Maiden Name	Henrietta Huggard
7. Mother's Birthplace	Germany.
8. Full Name of Father	Henry Huggard Raimond.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other person who makes this Return.	John. L. R. Mayer. M. D.
Address	City.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23570

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 23rd 1878
4. *Place of Birth (Street and Number)* Baltimore Co. Md. near No. 36
5. *Full Name of Mother* Nora Mc. Gurney
6. *Mother's Maiden Name* Flaherty
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Mc. Gurney
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs. C. Mitchell

Address No. 122 Parkin st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23574

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 22d 1878
4. Place of Birth (Street and Number)	64 Brune St.
5. Full Name of Mother	Margaret Cole
6. Mother's Maiden Name	Weir
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Andrew Jackson Cole
9. Father's Occupation	Spigner Dealer
10. Father's Birthplace	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	J. D. Christian Med.
Address	431 Penna. Ave.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth February 22d 1878

4. Place of Birth (Street and Number) 163 W. Lombard St

5. Full Name of Mother Mary Finkand

6. Mother's Maiden Name "

7. Mother's Birthplace Baltimore

8. Full Name of Father Unknown

9. Father's Occupation "

10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this return Dr. Wm. Gomlet

Address 163 W. Lombard St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

ord, Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23573

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth February 22d 1878
4. Place of Birth (Street and Number) 163 W. Lombard St
5. Full Name of Mother Mary Miller
6. Mother's Maiden Name "
7. Mother's Birthplace Baltimore
8. Full Name of Father Unknown
9. Father's Occupation "
10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this return Dr Wm Gwinnel

Address 163 W. Lombard St

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2574

HEALTH DEPARTMENT SEP 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st 1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	February 14th 2nd 1878
4. *Place of Birth (Street and Number)*	No 87 Forest St
5. *Full Name of Mother*	Mary Elizabeth Jones
6. *Mother's Maiden Name*	Mary E. Jones
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Joseph Jones
9. *Father's Occupation*	Lawyer
10. *Father's Birthplace*	No Forest St Balto Md
Name of Medical Attendant, or other Person who makes this return	Charlotte Felton
Address	38 Forest Balto Md
Remarks	None

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23575

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT
FEB
25
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 22 1878
4. Place of Birth (Street and Number)	No 124 Chester St
5. Full Name of Mother	Mary Mc Dunnar
6. Mother's Maiden Name	Mary Gourey
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Mc Dunnar
9 Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Guy E Ball
Address	No 131 South Chester st
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23576

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 23 d.
4. Place of Birth (Street and Number)	Cross st. 278
5. Full Name of Mother	Magdalena Sundlach
6. Mother's Maiden Name	Wentz
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Frederick Sundlach
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	828 South Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. FEB 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 y.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* January 13 1878.
4. *Place of Birth (Street and Number)* No 15 Somerset St.
5. *Full Name of Mother* Sarah A Pinkell.
6. *Mother's Maiden Name* Sarah Glock.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jorge Glock.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Hen Hilbert

Address No 182 E monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

23578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th (6th)

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 28. 78.
4. *Place of Birth (Street and Number)* 323 Lancaster St
5. *Full Name of Mother* Laura Virginia Hudson
6. *Mother's Maiden Name* Roberts
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Alexander Dulin Hudson
9. *Father's Occupation* Mfr Linen
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this return Reese M Eastman

Address

Remarks Reg Live

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23579

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feby 23rd 1878
4. *Place of Birth (Street and Number)*	149 S. Sharp St.
5. *Full Name of Mother*	Mollie E. Wheeler
6. *Mother's Maiden Name*	Chance
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Jos A. Wheeler
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return	R. C. Lee
Address	Hanover Barre
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23580

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 3 1878

BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Feb. 22nd 1878
4. Place of Birth (Street and Number) 44 E West Saratoga St
5. Full Name of Mother Emily Maryland
6. Mother's Maiden Name Emily Hendricks
7. Mother's Birthplace Queen Annes County Md
8. Full Name of Father Daniel L Maryland
9. Father's Occupation Sergeant of Police
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Amos Dunler

Address 69 Schroeder

Remarks

rect Record of Vital Statistics in the City of Baltimore.

any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23581

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1 st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February the 23.d
4. Place of Birth (Street and Number)	No 92 Franklin St.
5. Full Name of Mother	Elise Friederike Johanna Lukken
6. Mother's Maiden Name	Eolten
7. Mother's Birthplace	Schotmar Lippe Detmold Germanie
8. Full Name of Father	William Lukken
9. Father's Occupation	Store Keeper
10. Father's Birthplace	Oldenburg Germanie
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anna Dumler 60 Schroter
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* February 23 d 1878.
4. *Place of Birth (Street and Number)* No 347 Central Ave.
5. *Full Name of Mother* Annie Funke.
6. *Mother's Maiden Name* Annie Fraunholz.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Frank A ~~Funk~~ Funke.
9. *Father's Occupation* Tayloz.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hma Hellegent.

Address No 182 Monument St.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23583

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 Feb 1895
4. *Place of Birth (Street and Number)* 57 President St.
5. *Full Name of Mother* Bertha Schipperer
6. *Mother's Maiden Name* Loch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friedrich Schipperer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gerhard Miller

Address 151 E Eastern St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

It is any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

28584

HEALTH DEPARTMENT FEB 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	February 23rd 1878
4. *Place of Birth (Street and Number)*	No 30 Little McElderry St
5. *Full Name of Mother*	Clara Jones
6. *Mother's Maiden Name*	Clara Smith
7. *Mother's Birthplace*	Baltimae
8. *Full Name of Father*	Isaac Jones
9. *Father's Occupation*	Cork
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs Jane Winneberger
Address	No 23 N. Liberty St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ord Record of Vital Statistics in the City of Baltimore.

Thist any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

2,3558

HEALTH DEPT. FEB 25 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)

1. Sex (state ~~whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth February 23rd 1878.
4. Place of Birth (Street and Number) 682 Eighth St
5. Full Name of Mother Hannah E. Simmons.
6. Mother's Maiden Name Price.
7. Mother's Birthplace New York.
8. Full Name of Father John W. Simmons
9. Father's Occupation Farmer.
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. Richard Andrews

Address No 121 E. Balto St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23586

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 25 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. *Sex (state whether Male or ~~Female~~)* Male
2. *Race or Color (if not of the white race)* Col'd
3. *Date of Birth* Feb 24/78
4. *Place of Birth (Street and Number)* Nr 3 Baltimore St
5. *Full Name of Mother* Annie Griffin
6. *Mother's Maiden Name* " Carey
7. *Mother's Birthplace* Anne Arundel Co Md
8. *Full Name of Father* Bernard Griffin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Queens Anne Co Md

Name of Medical Attendant, or other Person who makes this Return. A L Spicknall

Address 379 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb 25th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Feb 22nd 1878.
4. Place of Birth (Street and Number) No 142 S. Washington St.
5. Full Name of Mother Lizzie Spencer.
6. Mother's Maiden Name Lizzie Witty.
7. Mother's Birthplace Germany.
8. Full Name of Father George Spencer.
9. Father's Occupation Tailor.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this return Mark M. Arnold.

Address No 137 S. Wolfe Street.

Remarks

WM. J. C. CLANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23588

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. FEB 27 1878 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 Feb
4. Place of Birth (Street and Number)	84 Madison St
5. Full Name of Mother	Bridget Phelan
6. Mother's Maiden Name	Gumbly
7. Mother's Birthplace	Ireland
8. Full Name of Father	Daniel Phelan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other person who makes this Return	Ursula D Ohrison
Address	167 Forest Place
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, necromancer, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23389

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Feb 23rd 1878
4. *Place of Birth (Street and Number)* No 126 Conway St
5. *Full Name of Mother* Elizabeth Jones
6. *Mother's Maiden Name*
7. *Mother's Birthplace* East Shore Va
8. *Full Name of Father* Alexandria Jones
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Petersburg Va

Name of Medical Attendant, or other Person who makes this return E Deboos Thomas

Address 71 Burgundy Alley

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23590

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

FEB 23 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	23 Febuary 1878
4. Place of Birth (Street and Number)	4 colender street
5. Full Name of Mother	Black
6. Mother's Maiden Name	Blücher
7. Mother's Birthplace	Shonstadt
8. Full Name of Father	John Blücher
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Hessen Domstadt
Name of Medical Attendant, or other Person who makes this Return.	of Gertenberger
Address	69 Portland street
Remarks	

RETURN OF A BIRTH.

23597

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feb 23 1878
4. *Place of Birth (Street and Number)*	No 378 West st
5. *Full Name of Mother*	Margarette Meyers
6. *Mother's Maiden Name*	Reisteter
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Herman Meyers
9. *Father's Occupation*	Brick molder
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this return	J. Schaefer midwife
Address	213 Cross st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23592

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	23
4. Place of Birth (Street and Number)	42 mecklenburg Alley
5. Full Name of Mother	Caroline Johnson
6. Mother's Maiden Name	Caroline Pratt
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Johnson
9. Father's Occupation	oyster shucker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Genevth Glascoe
Address	mecklenburg st
Remarks	twin boy good health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23593

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb. 23d 1878
4. *Place of Birth (Street and Number)* 58 Block st
5. *Full Name of Mother* Sarah Miller
6. *Mother's Maiden Name* Robinson
7. *Mother's Birthplace* City
8. *Full Name of Father* Wm H. Miller
9. *Father's Occupation* Ship carpenter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buchmann

Address 124 Bank st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23591

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall ~~forthwith~~ report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Feb 23 1878
4. *Place of Birth (Street and Number)* Bethel st No 2
5. *Full Name of Mother* janey ~~jones~~ Janey ~~Jones~~ Jenkins
6. *Mother's Maiden Name* janey Bishop
7. *Mother's Birthplace* Dorchester county Md
8. *Full Name of Father* Charley Jenkins
9. *Father's Occupation* Labror
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Susan Morgan

Address 47 Nor Durham st

Remarks

RETURN OF A BIRTH.

23645

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 28th 1878
4. Place of Birth (Street and Number)	Baltimore Ramsey st. 136.
5. Full Name of Mother	Caroline Mercer
6. Mother's Maiden Name	" Freeman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Mercer
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs. C. Mitchell
Address	No 122 Pratt st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Every Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within [illegible] days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23596

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. SEP 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 23rd 1878
4. Place of Birth (Street and Number)	50 N. Arlington Ave.
5. Full Name of Mother	Ann Mc. Gee Hanharan
6. Mother's Maiden Name	
7. Mother's Birthplace	Irland
8. Full Name of Father	Robert Mc Gee
9. Father's Occupation	Labrer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N Green
Remarks	

Extract Regulations of the Board of Health, to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23597

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
FEB
25
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 23rd 78
4. Place of Birth (Street and Number)	771 W. Balto. St
5. Full Name of Mother	Hesther Weinberg
6. Mother's Maiden Name	Kaufmen
7. Mother's Birthplace	Germany
8. Full Name of Father	Nathan Weinberg
9. Father's Occupation	Shoe Dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D
Address	112 N Greene St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23598

HEALTH DEPT. MAR 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb 24th 1878
4. *Place of Birth (Street and Number)* 65 Pitkin St
5. *Full Name of Mother* Mary Watts
6. *Mother's Maiden Name* Stein
7. *Mother's Birthplace* Frederick City Md
8. *Full Name of Father* John Watts
9. *Father's Occupation* Watch Smith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. N. Smith

Address 11 South Arlington ave

Remarks

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reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23599

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 24th 1878
4. *Place of Birth (Street and Number)*	163 W. Lombard St
5. *Full Name of Mother*	Annie Kappes
6. *Mother's Maiden Name*	" "
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Unknown
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this return	Dr. Wm Gombel
Address	163 W. Lombard St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23600

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Feby 24. 1878
4. Place of Birth (Street and Number)	Corn of Howard & Hill
5. Full Name of Mother	Lee ann Dyer
6. Mother's Maiden Name	Lee ann Coen
7. Mother's Birthplace	Salsbury
8. Full Name of Father	L. D. Dyer
9. Father's Occupation	Physician
10. Father's Birthplace	Queen Ann Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Levy Upshur
Address	
Remarks	No 15 South Eutaw

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23601

HEALTH DEPARTMENT MAR 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5^o

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 24 February 1878

4. Place of Birth (Street and Number) 96 Lancaster Street

5. Full Name of Mother Agnes Nowak

6. Mother's Maiden Name Strainska

7. Mother's Birthplace Polen

8. Full Name of Father Joseph Nowak

9. Father's Occupation Laber

10. Father's Birthplace Polen. Prussen

Name of Medical Attendant, or other Person who makes this Return. very well

Address Cecil Co Md

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23609

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 29 1877

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb 24th 1877
4. *Place of Birth (Street and Number)*	136 Augusta.
5. *Full Name of Mother*	H. C. Rather
6. *Mother's Maiden Name*	H. C. Wagner
7. *Mother's Birthplace*	Baltimore C. H. Rather
8. *Full Name of Father*	Herman
9. *Father's Occupation*	Gargestone
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this return	Mary Walter
Address	125 N. Caroline
Remarks	Dalton

WM. J. C. INGRAM & CO. CITY PRINTERS AND STATIONERS.

ract Record of Vital Statistics in the City of Baltimore.

Than any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23603

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24th February 1875
4. *Place of Birth (Street and Number)*	Baltimore African st No 430
5. *Full Name of Mother*	Elli Neall
6. *Mother's Maiden Name*	elli Meads
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	W. I Neall
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Rachel Gannaway
Address	433 africanna st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23604

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	24 Feb. 1878
4. Place of Birth (Street and Number)	38 Lowell St
5. Full Name of Mother	Antonetta Duerkey
6. Mother's Maiden Name	" Rohlberg
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Duerkey
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	532 E. Lombard
Remarks	

RETURN OF A BIRTH.

23605

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 24th 1878
4. Place of Birth (Street and Number)	246 E Balto St.
5. Full Name of Mother	Alice M Sickel
6. Mother's Maiden Name	Alice M Pratt
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Edw. Sickel
9. Father's Occupation	Baker + Confectioner
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. S Kinnemon
Address	73 E Pratt St. Balto
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23606

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
MAR 5
1878
BALTIMORE

rect Return of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colard
3. *Date of Birth* feberary the 24
4. *Place of Birth (Street and Number)* Hill St no 143
5. *Full Name of Mother* Emaline campler
6. *Mother's Maiden Name* Emaline Kue
7. *Mother's Birthplace* dorchaster county Md
8. *Full Name of Father* William James campler
9. *Father's Occupation* in the Sugar refinery
10. *Father's Birthplace* dorchaster county Md

Name of Medical Attendant, or other Person who makes this Return. Rachel dorcas

Address ~~Hosp.~~ Granville St 122

Remarks

RETURN OF A BIRTH.

23607

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	February 24th/78
4. *Place of Birth (Street and Number)*	No 308. Allice Annat
5. *Full Name of Mother*	Louise Schleichhorn
6. *Mother's Maiden Name*	Louise Buttner 29/21
7. *Mother's Birthplace*	Germ
8. *Full Name of Father*	August Schleichhorn
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germ
Name of Medical Attendant, or other Person who makes this return	Johanna Schultz
Address	Midwife
Remarks	320 Allice Annat.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23608

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* Jan. 24 the 1878,
4. *Place of Birth (Street and Number)* 369 Lanvale Street,
5. *Full Name of Mother* Mary M. Chandler,
6. *Mother's Maiden Name* Mary M. Cole,
7. *Mother's Birthplace* Clarksburg Virginia,
8. *Full Name of Father* Charles F. Chandler,
9. *Father's Occupation* Engineman,
10. *Father's Birthplace,* Granville New York

Name of Medical Attendant, or other Person who makes this Return Harry L. Byrd M.D.

Address 139 N. Arlington Ave Baltimore,

Remarks Natural labor, baby normal.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23609

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth February 24 1888
4. Place of Birth (Street and Number) 89 Shane st.
5. Full Name of Mother Rika Hartze
6. Mother's Maiden Name Rika Becker
7. Mother's Birthplace Germany
8. Full Name of Father W. Maine Hartze
9. Father's Occupation [redacted] Restaurant
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Magee

Address 182 Monument st.

Remarks

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23610

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13tes Kind

1. *Sex* (state whether Male or Female) Knabe
2. *Race or Color* (if not of the white race) Weiß
3. *Date of Birth* geboren den 24 Februar
4. *Place of Birth* (Street and Number) № 3365 Bond St.
5. *Full Name of Mother* Johanne Deikemann
6. *Mother's Maiden Name* Johanne Ritter
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Ernst Deikemann
9. *Father's Occupation* Handarbeiter
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this return Friedrike Hempmann

Address № 289 Eastern Ave

Remarks Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23611

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb 20th 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Feb. 24th 1875.
4. *Place of Birth (Street and Number)* 245 Ann St
5. *Full Name of Mother* Lizzie Rien
6. *Mother's Maiden Name* Lizzie Thomas
7. *Mother's Birthplace* America
8. *Full Name of Father* John Rien
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Mary Arnold

Address No. 137 Wolfe St

Remarks —

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Ordinances of the Mayor and City Council of Baltimore.

Secret Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23619

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth Feb 24th 1878

4. Place of Birth (Street and Number) 91 Edmonson Ave.

5. Full Name of Mother Margaret B. Tudor

6. Mother's Maiden Name Margaret B. Getty

7. Mother's Birthplace Baltimore City

8. Full Name of Father Joseph C. Tudor

9. Father's Occupation Banking

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. R. Uhler M. D.

Address 234 W. Fayette St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23613

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 24th 1878
4. *Place of Birth (Street and Number)* 65 Lee Street
5. *Full Name of Mother* Learie Brent
6. *Mother's Maiden Name* Learie Hunton
7. *Mother's Birthplace* Northumberland Co. Va
8. *Full Name of Father* Wm H. Brent
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Northumberland Co. Va

Name of Medical Attendant, or other Person who makes this Return. E. K. Wiley M.D.

Address 252 Hanover Street

Remarks

vent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RET[redacted]RTH.

23614

To the Office of Registr[redacted] Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JAN
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th of Feb
4. *Place of Birth (Street and Number)* No 234 S Paca st
5. *Full Name of Mother* Ann Rebecca Smith Kirby
6. *Mother's Maiden Name* Ann Rebecca Smith
7. *Mother's Birthplace* Washington County
8. *Full Name of Father* Wm. Kirby
9. *Father's Occupation* Saloon
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Maria Goodman

Address

Remarks The child is quite healthy and is doing well

Part any physician, accoucheur, midwife, or other person in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH. 23615

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT FEB 28 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* February 24 1878
4. *Place of Birth (Street and Number)* Bolton st No 2 Balto Co
5. *Full Name of Mother* Elizabeth Rebecca Bell
6. *Mother's Maiden Name* Jones
7. *Mother's Birthplace* Carol Co Md
8. *Full Name of Father* Elmer Bell
9. *Father's Occupation* Coaching
10. *Father's Birthplace* Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. Francis Kork

Address 10 Jon st

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ndrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23616

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	February 25th 1871
4. *Place of Birth (Street and Number)*	141 Spring St
5. *Full Name of Mother*	Margaret Meyer
6. *Mother's Maiden Name*	Margaret Baker
7. *Mother's Birthplace*	United States
8. *Full Name of Father*	John Meyer
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	United States
Name of Medical Attendant, or other Person who makes this Return.	Susan Cashe
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH. 23617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 Feb
4. *Place of Birth (Street and Number)* No 18 Monument
5. *Full Name of Mother* Catharine Hull
6. *Mother's Maiden Name* Mc
7. *Mother's Birthplace* Richmond
8. *Full Name of Father* John Hull
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Nicholas J Knight

Address No 7 Wright Street

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23618

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 18 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* January 25th 1878.
4. *Place of Birth (Street and Number)* No. 204 Central avenue
5. *Full Name of Mother* Caroline ~~Kunnish~~ Kruger
6. *Mother's Maiden Name* Caroline Kunnish.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Kruger.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dina Hillquist.

Address No 182 E Monument Street.

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23619

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH FEB 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* January 25th 1878.
4. *Place of Birth (Street and Number)* No 326 Asquith St.
5. *Full Name of Mother* Annie Sumner.
6. *Mother's Maiden Name* Annie Wisner.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Joseph Sumner.
9. *Father's Occupation* Carmen.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Sena H. Hagist.

Address No 182 E Monument St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23620

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 26
4. *Place of Birth (Street and Number)* China street no 29
5. *Full Name of Mother* Ruth a Massel
6. *Mother's Maiden Name* Ruth a Wilson
7. *Mother's Birthplace* Annelle County
8. *Full Name of Father* Peter Massel
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Millie Gross

Address no 181 york street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23627

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child ar children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state wheiher Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1878.
4. Place of Birth (Street and Number)	No. 1. North Carlin ear.
5. Full Name of Mother	Emma Loyalty
6. Mother's Maiden Name	Emma Turner.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Sam Loyalty
9. Father's Occupation	Coach Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Jno. Waller
Address	125 N. Bowling st.
Remarks	

2,36221

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feby 25th 1878.
4. *Place of Birth (Street and Number)*	#26 Monroe 2tr.
5. *Full Name of Mother*	A. Roth
6. *Mother's Maiden Name*	A Pfeffermann
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Joseph Roth
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E Simms
Address	#243 E Washington Pl.
Remarks	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

EXTRACT from the Rules and Regulations of the Board of Health, relative to the Registration of Births and Deaths.

Duty to report Births and Deaths, and to record the same.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23623

HEALTH DEPARTMENT MAR 4 1878 BOARD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb. 25 1878
4. *Place of Birth (Street and Number)*	182 N. Broadway
5. *Full Name of Mother*	Barbra Schen
6. *Mother's Maiden Name*	Barbra Hermes
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wilhelm Schen
9. *Father's Occupation*	Hostler
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Marie K. Rudiger
Address	134 N. Bond Street
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23624

HEALTH DEPT. MAR 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ^nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th February 1878
4. *Place of Birth (Street and Number)* 47 Cookie St
5. *Full Name of Mother* Matilda J. Barenwald
6. *Mother's Maiden Name* Matilda J. Laade
7. *Mother's Birthplace* Templeburg Pommern
8. *Full Name of Father* Frederick Barenwald
9. *Father's Occupation* Labaurer
10. *Father's Birthplace* Strasund Pommern

Name of Medical Attendant, or other Person who makes this Return. Margret Ettel

Address

Remarks Mother is healthy and child also

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Male Healthe

2. Race or Color (if not of the white race) White

3. Date of Birth 25 of Feb. 1898

4. Place of Birth (Street and Number) Frederick Av.

5. Full Name of Mother Barbara Kayeman

6. Mother's Maiden Name B. Liner

7. Mother's Birthplace Bavaria Gurmany

8. Full Name of Father Vinsant Hayeman

9. Father's Occupation Cigar Manufactor

10. Father's Birthplace Born in Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Miss. Miller

Address 57 Smallwood St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23626

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
FEB
28
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb. 25th 1878
4. Place of Birth (Street and Number)	Little Stricker St. No 67
5. Full Name of Mother	Eliza ~~Gordon~~ Young
6. Mother's Maiden Name	Eliza Lodmyer
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Young
9 Father's Occupation	Painter
10. Father's Birthplace	Petersburg Va
Name of Medical Attendant, or other Person who makes this Return.	J. G. Sparrow M.D.
Address	No 427 N. Stricker St
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born at its or their accouchement, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23627

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 28 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th — 11
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 25th 1878
4. Place of Birth (Street and Number)	No 21 Raiford Ave
5. Full Name of Mother	Mary Almira McClelland
6. Mother's Maiden Name	Jackson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David McClelland
9. Father's Occupation	Policeman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2.3628

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third -
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 25th 1878
4. Place of Birth (Street and Number)	207 Saratoga St
5. Full Name of Mother	Caroline Seim Hoffman
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	Chas. A. Seim
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Samuel T. Knight M.D.
Address	112 N. Greene St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~) 1

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth July 25th 1878.

4. Place of Birth (Street and Number) 32 Conway St.

5. Full Name of Mother Mollie L. Hall

6. Mother's Maiden Name Mollie L. Nelson

7. Mother's Birthplace Baltimore City

8. Full Name of Father Henry A. Schultz

9. Father's Occupation Engineer

10. Father's Birthplace Washington City

Name of Medical Attendant, or other Person who makes this Return. Jno. A. R. Hazzard M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

233630

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)

1. *Sex* (*state whether Male or Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth*
4. *Place of Birth* (*Street and Number*)
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

23631

RETURN OF A BIRTH.

Feb 8 1878

HEALTH DEPT. FEB 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Mrs Mandy Hopkins
1. Sex (state whether Male or Female)	Boy Child Female
2. Race or Color (if not of the white race)	Race Color
3. Date of Birth	Date of Birth Baltimo
4. Place of Birth (Street and Number)	4 Reary Street and number
5. Full Name of Mother	Mandy hopkins
6. Mother's Maiden Name	Margie Spriggs
7. Mother's Birthplace	Walcott County E. Shore
8. Full Name of Father	George hopkins
9. Father's Occupation	Any Thing he can get to do
10. Father's Birthplace	New John Sq
Name of Medical Attendant, or other Person who makes this Return	Margret Spriggs
Address	12 Lewis ally
Remarks	nothing more

RETURN OF A BIRTH.

2,36,39

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 2 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 26th 1878
4. Place of Birth (Street and Number)	207 David Hill Avenue
5. Full Name of Mother	Margaret Yakel
6. Mother's Maiden Name	Burkamp
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Louis Yakel
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23633

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 26th 1878
4. Place of Birth (Street and Number)	Pennsylvania Ave. extended
5. Full Name of Mother	Catherine Towner
6. Mother's Maiden Name	Brosius
7. Mother's Birthplace	Balto. City
8. Full Name of Father	James Towner
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

RETURN OF A BIRTH.

23631

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE
1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26th February 1878
4. *Place of Birth (Street and Number)* 24 N. Dunst.
5. *Full Name of Mother* Ellen Augusta Swank
6. *Mother's Maiden Name* Ellen A. Foote
7. *Mother's Birthplace* Norfolk Virginia
8. *Full Name of Father* Andrew Mallard Swank
9. *Father's Occupation* Superintendent of Telegraph
10. *Father's Birthplace* Milledgeville Georgia

Name of Medical Attendant, or other Person who makes this return Nicholas L. Bosbell

Address 207 S. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Registration of Births in the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23635

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Febr. 26. 1878
4. *Place of Birth (Street and Number)* S. Wolfst. No 32
5. *Full Name of Mother* Theresia Fiesbs
6. *Mother's Maiden Name* Weber
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Fiesbs
9. *Father's Occupation* Schohmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs S. Baupach

Address S. Wolfst No 28

Remarks M. Dwife

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23636

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Feb. 26th 1878
4. *Place of Birth (Street and Number)*	Baltimore Boyd st. No 88
5. *Full Name of Mother*	Rebecca Ewell
6. *Mother's Maiden Name*	Conner
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	Frank Ewell
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	New York.
Name of Medical Attendant, or other Person who makes this return	Mrs. C. Mitchell
Address	No. 122 Partin st.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23637

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* February 26 1878.
4. *Place of Birth (Street and Number)* No 126 Augusta St
5. *Full Name of Mother* Mary Schroeder.
6. *Mother's Maiden Name* Mary Rost.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Schroeder
9. *Father's Occupation* Finisher, & Chemist.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Send Druggist

Address No 182. E Monument St, (Baltimore)

Remarks

Penalty for neglect by the Doctor, Midwife or other person to report to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23638

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 26 1878
4. Place of Birth (Street and Number)	46 Gittings St
5. Full Name of Mother	Lydia A Parker
6. Mother's Maiden Name	Lydia A Hatkins
7. Mother's Birthplace	Md
8. Full Name of Father	Robt. Parker
9. Father's Occupation	Carpenter
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M.D.
Address	17 Hanover St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth 24 February
4. Place of Birth (Street and Number) 124 Spring St
5. Full Name of Mother Abigail Baker
6. Mother's Maiden Name Dell
7. Mother's Birthplace Virginia
8. Full Name of Father Edward Baker
9. Father's Occupation Carpenter
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this return Sophia Dimon

Address 124 Spring Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health of Baltimore relative to the Return of Births and Deaths.

Duty to report Births.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23640

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 26th 1875
4. Place of Birth (Street and Number)	263 North Eden St.
5. Full Name of Mother	Mathelena Catharine Jarr
6. Mother's Maiden Name	" " Zeller
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Jarr
9. Father's Occupation	Hostler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo. K. Thyson
Address	18 Aisquith St.
Remarks	

Extract from Regulations of the Board of Health of Baltimore relative to the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23647

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP
FEB
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* 1
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* fenuary 20 1878
4. *Place of Birth (Street and Number)* 281 cross st
5. *Full Name of Mother* Mary stmerd
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* charles stmers
9. *Father's Occupation* day man
10. *Father's Birthplace* seven

Name of Medical Attendant, or other Person who makes this Return. simon battle

Address 181 west st

Remarks

RETURN OF A BIRTH:

23649

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feb 26 th 1878
4. *Place of Birth (Street and Number)*	No 225 Lee st
5. *Full Name of Mother*	Elisabeth Shafer
6. *Mother's Maiden Name*	Thoma
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Julius Shafer
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this return	J. Schroeder midwife
Address	213 Cross st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...vent Registrations of the Births of Children born in this City, and to ...vent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23643

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 26th 1878.
4. Place of Birth (Street and Number) 4 Castle
5. Full Name of Mother Mary Stegmann
6. Mother's Maiden Name Mary Kuhl.
7. Mother's Birthplace Germany
8. Full Name of Father Georg Stegmann.
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Mrs Mary Arnold

Address Mrs 137 Thames St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health of the City of Baltimore.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23644

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 10th Child

1. *Sex* (*state whether Male or Female*) female

2. *Race or Color* (*if not of the white race*) Colored

3. *Date of Birth* 26 Nov 1895

4. *Place of Birth* (*Street and Number*) 204 Aisquith Ave

5. *Full Name of Mother* Emma Jane Perry

6. *Mother's Maiden Name* Emma Jane Jones

7. *Mother's Birthplace* Baltimore County

8. *Full Name of Father* Thomas Perry

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Essex Co Virginia

Name of Medical Attendant, or other Person who makes this return Dr. Thos. Turner

Address 1 E. Fayette St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health relating to the Registration of Births.

Duty to Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23645

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	February 27th 1878
4. Place of Birth (Street and Number)	132 Eden St.
5. Full Name of Mother	Bridget Lynch
6. Mother's Maiden Name	Bridget Gunn
7. Mother's Birthplace	United States
8. Full Name of Father	Patrick Lynch
9. Father's Occupation	Laborer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cazier
Address	52 E. Lombard St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23646

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 13 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 27th 1878.
4. Place of Birth (Street and Number)	No. 67 Sterling.
5. Full Name of Mother	Annie Campbell.
6. Mother's Maiden Name	Annie Foster.
7. Mother's Birthplace	Pensylvania.
8. Full Name of Father	John P. Campbell.
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dena Hillegist.
Address	No 182. E Monument.
Remarks	

Extract Regulations of the Board of Health, to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23647

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 27th 78
4. Place of Birth (Street and Number)	373 South Eutaw St.
5. Full Name of Mother	Elizabeth Barrett
6. Mother's Maiden Name	Spannenberg
7. Mother's Birthplace	Pittsburgh
8. Full Name of Father	John Barrett
9. Father's Occupation	Fish dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 South Eutaw St.
Remarks	

RETURN OF A BIRTH.

23648

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 27 February
4. *Place of Birth (Street and Number)* 252 South Hamburg St.
5. *Full Name of Mother* Katie Wendel
6. *Mother's Maiden Name* Katie Merle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fredrick Wendel
9. *Father's Occupation* Varnisher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. M. Hamm

Address 252 S. Hamburg St.

Remarks

Extract Regulations of the Board of Health relative to Returns of Births and Deaths.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23649

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 4 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feby 27, 1878
4. Place of Birth (Street and Number)	624 N. Carey
5. Full Name of Mother	Mary. Virga Burton
6. Mother's Maiden Name	Cramblit
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. H. Burton
9. Father's Occupation	Conductor C. R. W. Co
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. H. Kemp M.D.
Address	223 Franklin St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23650

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Col.

3. Date of Birth 4th Sept 1888

4. Place of Birth (Street and Number) 96 Eutaw Ave

5. Full Name of Mother Mary

6. Mother's Maiden Name Lyle

7. Mother's Birthplace Md

8. Full Name of Father Jos. Barker

9. Father's Occupation Cigar Maker

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Dr. A. Hamilton

Address 1120 W. Fayette

Remarks

Extract Regulations of the Board of Health to secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23651

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

THE BALTIMORE MEDICAL
MAR
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth February 27th 1878
4. Place of Birth (Street and Number) #125. Broad-way.
5. Full Name of Mother Mary Theresa Kirby
6. Mother's Maiden Name Mary Theresa
7. Mother's Birthplace Baltimore
8. Full Name of Father Frank Kirby
9. Father's Occupation Ex Captain
10. Father's Birthplace Talbot Co Md

Name of Medical Attendant, or other Person who make this Return. Isabella Oliver Midwife
Address #286. E. Monument St
Remarks Child lived from 5 A.M. 27th until 3.P.M.
28th, Cause of death. Congestion of Heart. 24 hours

Extract from Regulations of the Board of Health of Baltimore City.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.36521

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	February 21st 1918
4. *Place of Birth (Street and Number)*	103 E. Biddle Street.
5. *Full Name of Mother*	Annie Hallyman
6. *Mother's Maiden Name*	Annie Gardner
7. *Mother's Birthplace*	S. Carolina
8. *Full Name of Father*	Martin Hallyman
9. *Father's Occupation*	Tobacconist
10. *Father's Birthplace*	S Carolina
Name of Medical Attendant, or other Person who makes this return	Mary A Atwell
Address	286 N. Donegal St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23653

HEALTH DEPT MAR 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* February 27th 1878

4. *Place of Birth (Street and Number)* No 76 E Biddle St.

5. *Full Name of Mother* Margaret J. Landlaies

6. *Mother's Maiden Name* " " Elliott

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Henry C. Landlaies.

9. *Father's Occupation* Grainer

10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this return Mary A. Arnold

Address 286 N. Donough st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SEC. That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23651

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child.
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Feby 27th 1878
4. *Place of Birth (Street and Number)*	N. E. Cor. Cross & Light.
5. *Full Name of Mother*	Margaret Schlipper.
6. *Mother's Maiden Name*	" Meckrell.
7. *Mother's Birthplace*	Germany.
8. *Full Name of Father*	Geo Schlipper.
9. *Father's Occupation*	Barber.
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this return	R. J. H. Tall. M. D.
Address	152 Sharp St.
Remarks	Ch. living

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23655

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Feb 27 1878
4. *Place of Birth (Street and Number)* 1 Columbia Balto
5. *Full Name of Mother* Mitchell
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Mitchell
9. *Father's Occupation* Waggoner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23656

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Feb 27th 1878
4. *Place of Birth (Street and Number)* 184 Eastern ave.
5. *Full Name of Mother* Dina Neuschaeffer
6. *Mother's Maiden Name* Tonni
7. *Mother's Birthplace* City
8. *Full Name of Father* Lorenz Neuschaeffer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this return Mrs Elz. Bushmann

Address 120 Bank st.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23657

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 27 1875
4. *Place of Birth (Street and Number)* 459 Gestry av
5. *Full Name of Mother* Lizzetta Bekes
6. *Mother's Maiden Name* Lizzetta Daud
7. *Mother's Birthplace* Baltimore city
8. *Full Nome of Father* William Bekes
9. *Father's Occupation* laborer
10. *Father's Birthplace* Baltimore city

Nome of Medical Attendant, or other Person who makes this return Rachel ann yarnall

Address 432 Lucas pl

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

236258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 '78 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Wh.
3. *Date of Birth* Feby 27th 1878
4. *Place of Birth (Street and Number)* 12 Hill St.
5. *Full Name of Mother* Elizabeth Earle
6. *Mother's Maiden Name* " Brannon
7. *Mother's Birthplace* Howard Co. Md.
8. *Full Name of Father* J. N. Earle
9. *Father's Occupation* Bag Manufacturer
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this return R. J. N. Tall. M. D.

Address 152 Sharp St.

Remarks Child living

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23659

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 d children
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	Brown stein
3. Date of Birth	27 of February 1878
4. Place of Birth (Street and Number)	2230 North Durham st
5. Full Name of Mother	Mary E Dixon
6. Mother's Maiden Name	Mary E Feeney
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	Denied Dixon
9. Father's Occupation	Oyster shucker
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Mid wife Harriet Britton
Address	No 145 North Eden st
Remarks	

RETURN OF A BIRTH.

23660

HEALTH DEPARTMENT MAR 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* feb 27
4. *Place of Birth (Street and Number)* 88 Lewis st
5. *Full Name of Mother* Jennett Gillmore
6. *Mother's Maiden Name* Jenett Gillead
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gillmore
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs Leah Johnson

Address no 22 West "

Remarks Healthy Child

RETURN OF A BIRTH. 23661

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth February 27th 1876

4. Place of Birth (Street and Number) 13 Bartlett St

5. Full Name of Mother Mary E. Face

6. Mother's Maiden Name Mary E. Brenzley

7. Mother's Birthplace England

8. Full Name of Father Charles Face

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Theodore Koch M.D

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23662

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
2. Date of Birth	the 21st of February
4. Place of Birth (Street and Number)	28 Mc Henry St.
5. Full Name of Mother	Mrs. Sarah Emory
6. Mother's Maiden Name	Sarah Ann Hampton
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Mr. William Emory
9. Father's Occupation	Farmer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Sharid Ann Williams
Address	
Remarks	

RETURN OF A BIRTH.

23665

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Feb. 27th 1878.
4. *Place of Birth (Street and Number)* 427 Charles St.
5. *Full Name of Mother* Annie Plümer
6. *Mother's Maiden Name* Anne Plümer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Plümer
9. *Father's Occupation* Watchmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Mary Arend

Address No. 137 W. Lee St.

Remarks —

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23664

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	January 27. th. 1878
4. Place of Birth (Street and Number)	Belair avenue Hospital
5. Full Name of Mother	Mary Weber
6. Mother's Maiden Name	Mary Zecker
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Ellis Weber
9. Father's Occupation	Black Smith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. M. J. Bull.
Address	No 155. N. E. Cor. of Monument St. & Caroline
Remarks	Favorable well

RETURN OF A BIRTH. 23665

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 2 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	Feb 28th 1878
4. Place of Birth (Street and Number)	89 Exeter St
5. Full Name of Mother	Catherine Groesche
6. Mother's Maiden Name	Catherine Kuhnemagel
7. Mother's Birthplace	United States
8. Full Name of Father	John Groesche
9. Father's Occupation	Restaurant
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cusher
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH. 23666

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT FEB 16 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth January 28th 1878.
4. Place of Birth (Street and Number) No. 460 & 462 Gay St.
5. Full Name of Mother Annie Shuler.
6. Mother's Maiden Name Annie Muller.
7. Mother's Birthplace Germany.
8. Full Name of Father A. H. Shuler.
9. Father's Occupation Feed & Sud Store.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Neal Hellegas

Address No 182 E Monument St

Remarks

RETURN OF A BIRTH.

23667

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 13 1878
BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 28th 78
4. Place of Birth (Street and Number)	68 Camden st
5. Full Name of Mother	Fred. Strutt
6. Mother's Maiden Name	Schadt
7. Mother's Birthplace	Hanover: Germany
8. Full Name of Father	Charles Strutt
9. Father's Occupation	Liquor dealer
10. Father's Birthplace	Dessendarf stadt
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 South Eutaw St.
Remarks	

RETURN OF A BIRTH.

23668

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 Februar.
4. Place of Birth (Street and Number)	111 Saratoga St.
5. Full Name of Mother	Marg Rose George
6. Mother's Maiden Name	Marg Rosa Lindner
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Richard Andw George
9. Father's Occupation	Fresco Painter
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs A. Lindner
Address	45 Monro St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23669

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* February 28th 1878

4. *Place of Birth (Street and Number)* 163 W. Lombard St (Maternity)

5. *Full Name of Mother* Mollie Griffin

6. *Mother's Maiden Name* " " "

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Unknown

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return — Dr. Wm Lombard

Address 163 W. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23670

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 28th February
4. *Place of Birth (Street and Number)* No 18 Dawson Ally
5. *Full Name of Mother* Eveline Wheatley
6. *Mother's Maiden Name* Eveline Stuart
7. *Mother's Birthplace* Accomac County Va
8. *Full Name of Father* Thos Wheatley
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Cambrigde Md

Name of Medical Attendant, or other Person who makes this return Fannie Cark

Address Penn Ally No 10

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23671

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	February 28th 1878
4. Place of Birth (Street and Number)	229 Hamburg St
5. Full Name of Mother	Charlotte Bamilton
6. Mother's Maiden Name	"
7. Mother's Birthplace	Oxford Dorchester Co Md
8. Full Name of Father	John Dixon
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Healer A. Cornish
Address	213 Hamburg Street
Remarks	

Penalties Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23672

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* Feby 28th 1878
4. *Place of Birth* (Street and Number) 190 E. Balto St.
5. *Full Name of Mother* Kate Flaherty
6. *Mother's Maiden Name* Lucy Elder
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* Mr. Flaherty
9. *Father's Occupation* Surveyor.
10. *Father's Birthplace* Balt. City

Name of Medical Attendant, or other Person who makes this Return. John F. Mormonier M.D.

Address S. W. Colvert & Read St.

Remarks

There will be a fee of 50 cents for each birth certificate issued by the Registrar of Vital Statistics.

Signature of Informant

John F. Mormonier

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23673

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
5
1878
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* February 28th 1878
4. *Place of Birth (Street and Number)* N. E. Exeter Pl.
5. *Full Name of Mother* Annie Kane
6. *Mother's Maiden Name* O'Donnell
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Kane
9. *Father's Occupation* Porter, Canton Co.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. E. Stein

Address 195 N. Exeter St.

Remarks

Extract Regulations of the Board of Health to which your attention is respectfully directed.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23674

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, &c.)	
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	Feby 28th 78.
4. Place of Birth (Street and Number)	10 S. Wiggly Ave
5. Full Name of Mother	Mary L. Neely
6. Mother's Maiden Name	Mary L. Nelson
7. Mother's Birthplace	York Co. Pa.
8. Full Name of Father	James Neely
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	John L. K. Wiggly M.D.
Address	" " "
Remarks	Reg.

MAR 5 1878 BALTIMORE

Penalty for Neglect. *—The Board of Health is empowered to impose a fine not exceeding Fifty Dollars upon any person who shall neglect or refuse to make a full and correct Record of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22673

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	February 28th 1878
4. Place of Birth (Street and Number)	Baltimore. Hill Street No 49
5. Full Name of Mother	[redacted] Kelly
6. Mother's Maiden Name	Charlott. Seward
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Kelly
9. Father's Occupation	working in Wrack ware house
10. Father's Birthplace	Cambridge
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elisabeth Scarborough
Address	No 220. Montgomery Street
Remarks	

Extract from Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23676

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 child 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* February 25 1872
4. *Place of Birth (Street and Number)* 63 Hoop St.
5. *Full Name of Mother* Sally Leonard
6. *Mother's Maiden Name* Sally Ware
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Thomas Leonard
9. *Father's Occupation* Carpenter maker
10. *Name of Medical Attendant, or other Person who makes this return* Lackey prior gaze M.D.

Address 483 Aliceanna St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 23677

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* ~~White~~ Race
3. *Date of Birth* February 28th 1911
4. *Place of Birth (Street and Number)* 473 Saratoga St
5. *Full Name of Mother* Elizabeth Langhan
6. *Mother's Maiden Name* Elizabeth Berry
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* James Langhan
9. *Father's Occupation* Hard Drinker
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Miss Dunker

Address ~~60~~ Shroder St

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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23675

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Febuary 25 1878
4. *Place of Birth (Street and Number)* 384 East Monument st
5. *Full Name of Mother* Emealia Faupel
6. *Mother's Maiden Name* Klees
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Faupel
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetze

Address R 55 J Bond st

Remarks

RETURN OF A BIRTH. 23679

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

To secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 4
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	Negro Mulatto Race
3. Date of Birth	25 May 1877
4. Place of Birth (Street and Number)	Baltimore Buchanan [illegible]
5. Full Name of Mother	Lucy Helena
6. Mother's Maiden Name	Berry Mikel
7. Mother's Birthplace	Md
8. Full Name of Father	Joseph Mikel
9. Father's Occupation	Waiter
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	[illegible]
Remarks	69 Wilson st

Mother, dk. 3. Return in [illegible]

RETURN OF A BIRTH.

23680

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Baltimore Md
1. *Sex (state whether Male or Female)*	Baltimore
2. *Race or Color (if not of the white race)*	Male White
3. *Date of Birth*	25 February 1878
4. *Place of Birth (Street and Number)*	Baltimore Aymouth 24
5. *Full Name of Mother*	Mary Bauer
6. *Mother's Maiden Name*	Kazmet
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	York Kaiser
9. *Father's Occupation*	Cigr
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mary Kaiser
Address	
Remarks	69 Washington

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. 23681

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* February 28th 1878
4. *Place of Birth (Street and Number)* 508 N Washington Ave
5. *Full Name of Mother* Fanny L Weed
6. *Mother's Maiden Name* Fanny L Davis
7. *Mother's Birthplace* W Virginia
8. *Full Name of Father* Alfred L Weed
9. *Father's Occupation* Shirt Cutter
10. *Father's Birthplace* Virginia

Name of Medical Attendont, or other Person who makes this return Mary A Allwell

Address 286 N Donagh st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White Race
3. *Date of Birth*	Date of Birth Jan 28 th.
4. *Place of Birth (Street and Number)*	317 Penn St
5. *Full Name of Mother*	Elmira Dance
6. *Mother's Maiden Name*	C Price
7. *Mother's Birthplace*	Prince
8. *Full Name of Father*	Roany Dance
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Waldeck
Name of Medical Attendant, or other Person who makes this return	Miss K Allen
Address	48 Eden and Pl
Remarks	Balt Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Ordinance No. 1, approved April 2, 1877, Section 1, Article 12.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23683

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	female 14th [illegible]
1. Sex (state whether Male or Female)	female Mother of [illegible]
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	ida harris
4. Place of Birth (Street and Number)	ida Cooper born
5. Full Name of Mother	in baltimor
6. Mother's Maiden Name	richard harris
7. Mother's Birthplace	born in baltimor
8. Full Name of Father	
9. Father's Occupation	Cochman
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Form of Return of Births to be used by Physicians, Midwives, or other persons in charge, in the City of Baltimore.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23681

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Feb 28 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth Feb 28 th 1878
4. Place of Birth (Street and Number) 741 Bought st
5. Full Name of Mother Sophia Gast
6. Mother's Maiden Name Sophia Kiemlle
7. Mother's Birthplace America
8. Full Name of Father Charles Gast
9. Father's Occupation Confectionery
10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this return Mrs Mary Amend

Address 137 Wolfe St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

11 23685

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	march 4.1. 1878
4. Place of Birth (Street and Number)	No. 3. Mechanic Alley
5. Full Name of Mother	Mary E. Ross
6. Mother's Maiden Name	Mary . Ross
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	William . J. Ross
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Smith
Address	No 85 Mary Alley
Remarks	Balt Md

HEALTH APR 10 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23686

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 1st 1878
4. *Place of Birth (Street and Number)*	254 Mulberry St
5. *Full Name of Mother*	Sophia Ostendorf
6. *Mother's Maiden Name*	Walter
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	George Ostendorf
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Annie Mercurth (M.D.)
Address	220 Preston St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Ordinances of the Mayor and City Council of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1. 98.
4. *Place of Birth (Street and Number)* 323 W Saratoga
5. *Full Name of Mother* Eliza Pilchet
6. *Mother's Maiden Name* Pilchet
7. *Mother's Birthplace* "
8. *Full Name of Father* "
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this return Louis McCausman

Address 349 Lee

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23688

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	17 march
4. *Place of Birth (Street and Number)*	No 5 Concord Street
5. *Full Name of Mother*	Mary Thackell
6. *Mother's Maiden Name*	Mary Kelly
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Thomas Thackell
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this return	Eliza Fleming
Address	No 45 Eutaw
Remarks	Healthy

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23689

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1 March
4. Place of Birth (Street and Number)	1 Barnes St
5. Full Name of Mother	Margaretha Dawel
6. Mother's Maiden Name	Fleischman
7. Mother's Birthplace	Bremerien
8. Full Name of Father	Martin Dawel
9. Father's Occupation	Tailor
10. Father's Birthplace	Bremerien
Name of Medical Attendant, or other Person who makes this Return.	J. Dawel
Address	20 Barnes St
Remarks	

RETURN OF A BIRTH.

23690

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) eight

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 March
4. *Place of Birth (Street and Number)* 248 N. Arnold Ave
5. *Full Name of Mother* Eliza Power
6. *Mother's Maiden Name* " " Canty
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Nicholas Power
9. *Father's Occupation* machinist
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnett

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23691

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 1. 1878
4. *Place of Birth (Street and Number)* E. Fayette St No. 360.
5. *Full Name of Mother* Mary Gloss
6. *Mother's Maiden Name* Mary Albert
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Alfons Gloss.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return, Mary E. Muller

Address N. Dallas St. No. 26

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23692

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 1/28
4. Place of Birth (Street and Number)	Caroline and Gough Sts.
5. Full Name of Mother	Mary Stern
6. Mother's Maiden Name	Mary Samuel
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Jacob Stern
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. Lederer
Address	25 S. Durham St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23693

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 1st 1878
4. *Place of Birth (Street and Number)* No 11 Marion Court
5. *Full Name of Mother* Mary Reynolds
6. *Mother's Maiden Name* Mary Taylor
7. *Mother's Birthplace* Virginia
8. *Full Name of Futher* James Reynolds
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23691

HEALTH DEPT. MAR 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1 1878
4. *Place of Birth (Street and Number)* 12 N Chester st
5. *Full Name of Mother* El Wagner
6. *Mother's Maiden Name* El Allen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Georg Wagner
9. *Father's Occupation* Habil Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mess E Gray

Address 193 N Chester st

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2.3695

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ____

1. *Sex (state whether Male or Female)* First Child a boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1st 1875
4. *Place of Birth (Street and Number)* Near Hall 43
5. *Full Name of Mother* Mrs Fell
6. *Mother's Maiden Name* Lena Schamberger
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Mr John Fell
9. *Father's Occupation* Farmer and in Market
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return ____

Address Lansdown Ave 3

Remarks No 26. N Front Street

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. U. 23696

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2d child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	2 March 1878
4. Place of Birth (Street and Number)	139 Lexington St.
5. Full Name of Mother	Marianne Bertha Horn
6. Mother's Maiden Name	" " Lemke
7. Mother's Birthplace	Marnel (Germany)
8. Full Name of Father	Theodor Horn
9. Father's Occupation	Merchant
10. Father's Birthplace	Minden Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. Heinemann M. D.
Address	120 Park St. Baltimore
Remarks	

RETURN OF A BIRTH.

23697

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
9
1878
BALTIMORE

Name, Roberte Lee Clarke

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1/1

1. *Sex (~~state whether Male or~~ Female)* f
2. *Race or Color (if not of the white race)* M-
3. *Date of Birth* Mar 2d 1878
4. *Place of Birth (Street and Number)* 299 Mulberry St
5. *Full Name of Mother* Mrs William Clark
6. *Mother's Maiden Name* Louisa Cox
7. *Mother's Birthplace*
8. *Full Name of Father* William David Clarke
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. William Lee M D

Address Eutaw & Hoffman sts

Remarks

rvet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23698

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 March 1878
4. *Place of Birth (Street and Number)* 87 Exeter St.
5. *Full Name of Mother* Catherine Hinkleman
6. *Mother's Maiden Name* " McCleigh
7. *Mother's Birthplace* U.S.
8. *Full Name of Father* Geo. Hinkleman
9. *Father's Occupation* Engraving
10. *Father's Birthplace* U. States.

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 52 E. Baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23699

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1 11, 1/11

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 1 March 1898

4. Place of Birth (Street and Number) ~~Emma~~ 52 Stiles

5. Full Name of Mother Emma Herman

6. Mother's Maiden Name " Richter

7. Mother's Birthplace U. S.

8. Full Name of Father Jacob Herman

9. Father's Occupation Laborer

10. Father's Birthplace U. S.

Name of Medical Attendant, or other Person who makes this Return. Sarah Caspari

Address 52 E. Lombard.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23700

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	1st March 1878
4. *Place of Birth (Street and Number)*	15 Watson St.
5. *Full Name of Mother*	Anna Conley
6. *Mother's Maiden Name*	" Hoffman
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Andrew Conley
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Caspar
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

23701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT
MAR
7
1878
BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d &c.)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 1st 1878
4. Place of Birth (Street and Number)	96 Dorsey st
5. Full Name of Mother	Lucinda Jenkins
6. Mother's Maiden Name	Lucinda Saunders
7. Mother's Birthplace	Balto city
8. Full Name of Father	Lyford Saunders
9. Father's Occupation	Labourer
10. Father's Birthplace	Balto city
Name of Medical Attendant, or other Person who makes this Return.	J. T. Shutt M.D.
Address	2608 Eutaw st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or minister at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23702

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colard
3. *Date of Birth* March 1
4. *Place of Birth* (Street and Number) Stockholm St 49
5. *Full Name of Mother* Victoire Howard
6. *Mother's Maiden Name* Hyson
7. *Mother's Birthplace* St mary County
8. *Full Name of Father* Georg Howard
9. *Father's Occupation* Labor
10. *Father's Birthplace* Prince an

Name of Medical Attendant, or other Person who makes this Return. Mrs Lucas & Johnson

Address 1417 E Howard St

Remarks no remark

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Col
3. *Date of Birth* March 1st 1878
4. *Place of Birth (Street and Number)* 122 S. Dunkirk
5. *Full Name of Mother* Elizabeth Gage
6. *Mother's Maiden Name* Elizabeth Gotth
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm Moore
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* St Michaels Md

Name of Medical Attendant, or other Person who makes this Return. E. L. Wallace M.D.

Address 1 W Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23704

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	White Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 2nd 1878
4. Place of Birth (Street and Number)	220 Hamburg st
5. Full Name of Mother	Margaret Stephens
6. Mother's Maiden Name	Margaret Devell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno. C. Stephens
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23705

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)	5 b
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	March 2. 1878
4. *Place of Birth (Street and Number)*	2 Durham str No 152.
5. *Full Name of Mother*	Sungunde Falk
6. *Mother's Maiden Name*	Finarr
7. *Mother's Birthplace*	Eschholdhorn Bayern
8. *Full Name of Father*	Johann Falk
9. *Father's Occupation*	Warftworker
10. *Father's Birthplace*	Sergendorf Bayer
Name of Medical Attendant, or other Person who makes this return	W. F. Bayerle
Address	S. Wolfe str No 28
Remarks	Midwife

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23706

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

vent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 2nd 1878
4. Place of Birth (Street and Number) No 58 George st
5. Full Name of Mother Cecelia R. Hammond
6. Mother's Maiden Name Cecelia R. Griffin
7. Mother's Birthplace Baltimore
8. Full Name of Father Nathan A. Hammond
9. Father's Occupation Commission Merchant
10. Father's Birthplace Frederick Co Md.

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winneberger

Address No 23 N. Libberty st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23707

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JAN 1913 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 2nd 1913
4. *Place of Birth (Street and Number)* 21 25 Elizabeth Lane
5. *Full Name of Mother* Lizzie Corkran
6. *Mother's Maiden Name* Lizzie Sullivan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Corkran
9. *Father's Occupation* Boilermaker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Catherine Hennessy

Address 21 E 11 West 11th

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23708

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 3 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 2, 1878
4. *Place of Birth (Street and Number)* Baltimore " 506 Lexington st
5. *Full Name of Mother* Elisabeth Gmelenmyer
6. *Mother's Maiden Name* " Schwartze
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Henry J. Gmelenmyer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Anna B. Dunkle

Address 60 Schroth

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23709

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd March 1878.
4. Place of Birth (Street and Number)	196 E. Pratt St.
5. Full Name of Mother	Joanna Leocadia Wherrett.
6. Mother's Maiden Name	" " Lacy
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Robert McClellan Wherrett.
9. Father's Occupation	Pilot
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	C. P. Sons M.D.
Address	406 E. Baltimore St.
Remarks	Healthy Child.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23710

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 3 1078 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Monday Morning. March 4
4. Place of Birth (Street and Number)	16 Harford Avenue.
5. Full Name of Mother	Annie Smellum
6. Mother's Maiden Name	Annie Wymon
7. Mother's Birthplace	Germany
8. Full Name of Father	Augustus Smellum
9. Father's Occupation	Blacksmith.
10. Father's Birthplace	Saxony
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Winston MD
Address	20½ Greenmount Avenue
Remarks	"Vertex Presentation"

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	2 March 1878
4. Place of Birth (Street and Number)	17 Albemarle
5. Full Name of Mother	Mary E Clayton
6. Mother's Maiden Name	" Dawson
7. Mother's Birthplace	U. S.
8. Full Name of Father	Geo. W. Clayton
9. Father's Occupation	Sailor
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 123712

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED MAR 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2 March 1878
4. *Place of Birth (Street and Number)* 74 Harrison St
5. *Full Name of Mother* Betsy Silverman
6. *Mother's Maiden Name* Buchener
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Arias Silverman
9. *Father's Occupation* Shoe-maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Caspar

Address 52 E. Lombard St

Remarks

RETURN OF A BIRTH.

23713

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5'78 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 2d 1878
4. *Place of Birth (Street and Number)* 92 Barre St.
5. *Full Name of Mother* Mattie Beirbower.
6. *Mother's Maiden Name* " Hamilton
7. *Mother's Birthplace* Balto. City.
8. *Full Name of Father* Dr Chas E. Beirbower
9. *Father's Occupation* Dentist
10. *Father's Birthplace* Balto City.

Name of Medical Attendant, or other Person who makes this return R. J. N. Talbot M.D.

Address 152 Sharp St.

Remarks Ch Living

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23744

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 8 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child.
1. *Sex (state whether Male or Female)*	male.
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 2d 1878
4. *Place of Birth (Street and Number)*	263 Sharp St
5. *Full Name of Mother*	Laura V. Londenslager.
6. *Mother's Maiden Name*	" " Frey.
7. *Mother's Birthplace*	Balto. City.
8. *Full Name of Father*	Thos. Londenslager.
9. *Father's Occupation*	Police Officer.
10. *Father's Birthplace*	Balto. Co. Md.
Name of Medical Attendant, or other Person who makes this return	R. J. N. Tall, M.D.
Address	152 Sharp
Remarks	Child healthy.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ord Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colored child
3. *Date of Birth* March 2d 1878
4. *Place of Birth* (Street and Number) Baltimore No 1 Sun alley
5. *Full Name of Mother* Isabella Smith
6. *Mother's Maiden Name* Isabella Jersey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Henry Smith
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Harriet Jackson

Address 97 Chestnut Street

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* ~~Mulatto~~ Black
3. *Date of Birth* 4 Mar 1878
4. *Place of Birth (Street and Number)* 416 Druid Hill Ave
5. *Full Name of Mother* Catherine Lewis
6. *Mother's Maiden Name* Catherine Lewis
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Henry Lewis
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return Physician

Address [illegible]

Remarks [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 3rd 1878
4. *Place of Birth (Street and Number)* 16 Garden Lt
5. *Full Name of Mother* Kate McElroy
6. *Mother's Maiden Name* " McClusky
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Hugh McElroy
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return — Annie Mercer Reid M.D.

Address 220 Eastern Ave

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23718

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 3 March
4. Place of Birth (Street and Number) N. Canal St
5. Full Name of Mother Nelita Zelenka
6. Mother's Maiden Name Hanac
7. Mother's Birthplace Bohemia
8. Full Name of Father Franc Zelenka
9. Father's Occupation Tailor
10. Father's Birthplace Bohemia
Name of Medical Attendant, or other Person who makes this Return. J. Klein
Address
Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2,37:19

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 5 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3rd
4. Place of Birth (Street and Number)	Lee Strat No. 21. Baltimore
5. Full Name of Mother	Mary Liley
6. Mother's Maiden Name	" Mooney
7. Mother's Birthplace	Galway Ireland
8. Full Name of Father	Patrick Liley
9. Father's Occupation	coal passer
10. Father's Birthplace	Galway Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Sanborough
Address	No 220 Montgomery Street
Remarks	

RETURN OF A BIRTH.

23720

HEALTH DEPT. MAR 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 4th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 3d 1878.
4. *Place of Birth (Street and Number)* 233 Bangor St.
5. *Full Name of Mother* Jenny Peter.
6. *Mother's Maiden Name* Jenny Burke.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Charles Peter.
9. *Father's Occupation* Seaman.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this return Mrs. Jenny Peter

Address 137 Wolfe St.

Remarks —

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

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23721

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3d Child

1. *Sex* (*state whether* ~~Male or Female~~)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* March the 3, 1878.
4. *Place of Birth* (*Street and Number*) N. Dallas St. No, 31.
5. *Full Name of Mother* Kathe. Leary
6. *Mother's Maiden Name* Kate Taylor
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Leary
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address N. Dallas St. No 26,

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ver Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
MAR
6
1878
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ____

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 3. 1878
4. *Place of Birth (Street and Number)* N. Wolf str No 68
5. *Full Name of Mother* Wilhelmine Lumbing
6. *Mother's Maiden Name* Burkert
7. *Mother's Birthplace* Reichenbach Sachsen
8. *Full Name of Father* Wilhelm Lumbing
9. *Father's Occupation* Baker
10. *Father's Birthplace* Wennhelsen Braunschweig

Name of Medical Attendant, or other Person who makes this return Geo F Bourgeoch

Address N. Wolf str 68 28

Remarks N. Wolfe

street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2.3703

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3/78
4. Place of Birth (Street and Number)	Choptank St
5. Full Name of Mother	Mary Faller
6. Mother's Maiden Name	Mady Gomer
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Nicholas Faller
9. Father's Occupation	Laborer
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	M. Lederer
Address	25 S. Durham St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
ddrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
born, its or their physical condition, whether still born or not, the full name, nativity, and residence
of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

237211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* No. 12 Shakespeare st
4. *Place of Birth (Street and Number)* March 2nd 1878
5. *Full Name of Mother* Louisa Hufnagle
6. *Mother's Maiden Name* " " Staabe
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Hufnagle
9. *Father's Occupation* Bookbinder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No. 55 S Bond st

Remarks

Penalty for neglect of Physician, Midwife, or other person to make Return of Births to the Register of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23723

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 6 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3d 1878
4. Place of Birth (Street and Number)	113 Montgomery St
5. Full Name of Mother	Ada McNamara
6. Mother's Maiden Name	Ada Moore
7. Mother's Birthplace	Md
8. Full Name of Father	Jas T. McNamara
9. Father's Occupation	Merchant
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return	H. B. Noble M.D.
Address	17 Hanover
Remarks	

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23796

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mar. 5th 1878
4. *Place of Birth (Street and Number)* No. Towson St.
5. *Full Name of Mother* Catherine Reardon
6. *Mother's Maiden Name* Catherine McGuire
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Matthew Reardon
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Ellis

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23727

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	the first
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	March 3d 1878.
4. Place of Birth (Street and Number)	Number 145 Eleven Street
5. Full Name of Mother	Anna Lesser
6. Mother's Maiden Name	Anna Meyer
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Lesser
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Chas Turnbo
Address	60 Eleven near Spangler Street
Remarks	

RETURN OF A BIRTH.

23798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female March 15 1878
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	
4. Place of Birth (Street and Number)	No 6 Little China st Balt
5. Full Name of Mother	Dealby ann Gorson
6. Mother's Maiden Name	Dela ann Jefferson
7. Mother's Birthplace	Balto
8. Full Name of Father	Mr Charlie Jefferson
9. Father's Occupation	oyster shucker
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Margaet Spring
Address	No 2 Peach alley
Remarks	feable

And the undersigned, hereby requested by the Board of Health, and under the penalty of the law, to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 4th

1. *Sex* (*state whether Male or Female*) Fml C

2. *Race or Color* (*if not of the white race*) Colored

3. *Date of Birth* March 8th 1878

4. *Place of Birth* (*Street and Number*) No 12 Brennans Court

5. *Full Name of Mother* Susanah Watts

6. *Mother's Maiden Name* "

7. *Mother's Birthplace* Calvert County Md

8. *Full Name of Futher* Joshua Watts

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Calvert County Md

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address No 71 Bregundy alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23730

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	3rd of March
4. *Place of Birth (Street and Number)*	Baltimore 127 Vine St.
5. *Full Name of Mother*	Virginia Lee
6. *Mother's Maiden Name*	Virginia Ridgely
7. *Mother's Birthplace*	Georgetown D. C.
8. *Full Name of Father*	Hannibal Lee
9. *Father's Occupation*	Porter.
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Laura P. Cole
Address	174 Vine Street
Remarks	Prosperino

Sec. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23731

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT
MAR
7
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is Eleven
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* March 1st 1878
4. *Place of Birth (Street and Number)* Eutaw St 72-74 Baltimore
5. *Full Name of Mother* Lucresia Oliver
6. *Mother's Maiden Name* Lucresia Washington
7. *Mother's Birthplace* Chester town kent Co Md
8. *Full Name of Father* Joshua Thomas Oliver
9. *Father's Occupation* Bricklayer maker
10. *Father's Birthplace* Baltimore Md wich st

Name of Medical Attendant, or other Person who makes this Return. Laura V Coale
Address 174 Vine St
Remarks Prospering

reel Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23739

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 4th
4. *Place of Birth (Street and Number)* No 1 Forrest St
5. *Full Name of Mother* Mary Griffin
6. *Mother's Maiden Name* Conway
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michel Griffin
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula F. Commissioner

Address No 7 Forrest Place

Remarks

Duty of Physicians, Midwives, and others to Report Births.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23733

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 3rd 1878
4. Place of Birth (Street and Number)	No 338 s. Charles st.
5. Full Name of Mother	Bertha Stern
6. Mother's Maiden Name	Stern
7. Mother's Birthplace	Germany.
8. Full Name of Father	Herman Stern
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaab M.D. midwife
Address	213 Cross st.
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23731

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 3rd 1878
4. Place of Birth (Street and Number)	No 238 Hanover st.
5. Full Name of Mother	Anna Eifert Wirth
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany.
8. Full Name of Father	Henry Eifert
9. Father's Occupation	Baker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwarsch midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23735

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3rd 1878.
4. Place of Birth (Street and Number)	120 Eudenhall St.
5. Full Name of Mother	Carolina Rumpf
6. Mother's Maiden Name	" Reinhardt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas. Rumpf
9. Father's Occupation	Carpenter
10. Father's Birthplace	Hessen Darmstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Roth
Address	328 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23736

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	march 3d
4. *Place of Birth (Street and Number)*	no 55 church st
5. *Full Name of Mother*	rocks annie bailey
6. *Mother's Maiden Name*	rocks annie russell
7. *Mother's Birthplace*	eastern shores va
8. *Full Name of Father*	william bailey
9. *Father's Occupation*	labour
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 pratt co [illegible]
Remarks	healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fine not exceeding $100 may be imposed by the Supreme Bench of the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23737

HEALTH DEPARTMENT MAR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & 11

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* March 3rd 1878.
4. *Place of Birth (Street and Number)* Chevault st
5. *Full Name of Mother* Bridgett Enright Hannan
6. *Mother's Maiden Name* Enright
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michael Hannan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr Ridgway Andrews

Address No 121 E Balto st

Remarks

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23738

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 3rd 1878
4. Place of Birth (Street and Number)	No 77 N. Washington St.
5. Full Name of Mother	Mary Lang
6. Mother's Maiden Name	Mary Eade.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	August Lang.
9. Father's Occupation	School Teacher.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. J. Bull
Address	No 185 S. E Cor. of Monument St. & Central avenue
Remarks	Farble Well

RETURN OF A BIRTH.

23739

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~)

1. *Sex* (~~*state whether Male or Female*~~)
2. *Race or Color* (~~*if not of the white race*~~)
3. *Date of Birth* March 4th 78, 12 35 A.M.
4. *Place of Birth (Street and Number)* 59 N Exeter St
5. *Full Name of Mother* Ida V. Hutchings
6. *Mother's Maiden Name* " " Rosewith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward R. Hutchings
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* North Carolina

Name of Medical Attendant, or other Person who makes this Return. A. Gregg Shortt M.D. 11 E. High & resides 6 or 8 blocks off

Address This patient was in actual labor 21 hours, suffering with great nervous excitement,

Remarks Hysteria [illegible] most alarming nature. - Altogether the worst confinement that

I have witnessed - Chloroformed & delivered with instruments with the greatest difficulty

Fee allowed by Trial Magistrate in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23710

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 4 78

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 4th 1878
4. *Place of Birth (Street and Number)* 234 Durham st.
5. *Full Name of Mother* Louisa Heins
6. *Mother's Maiden Name* Louisa Gelden
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Heins
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Mrs Lucy Dent

Address No. 137 Wolfe st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 5th 1878
4. *Place of Birth (Street and Number)*	Cor Broadway & Abott
5. *Full Name of Mother*	Alice Washburn
6. *Mother's Maiden Name*	Alice Williams
7. *Mother's Birthplace*	Boston
8. *Full Name of Father*	Nicholas Washburn
9. *Father's Occupation*	Iron Moulder
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A Allwell
Address	286 N Donagh st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for failure to make return in this county of $100.00.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

237421

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 4th
4. *Place of Birth (Street and Number)*	325 Eastern Ave 1st fl
5. *Full Name of Mother*	J. K. Hennings
6. *Mother's Maiden Name*	Josephine Koch
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	H. Hennings
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Timms
Address	# 203 N Washington St.
Remarks	H. H.

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23713

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Brown Complection
3. *Date of Birth* March 4th 1878
4. *Place of Birth (Street and Number)* # 97 Hargrove Alley
5. *Full Name of Mother* Harriet Perrines
6. *Mother's Maiden Name* Harriet Henley
7. *Mother's Birthplace* Halls Springs Balto. Co.
8. *Full Name of Father* Charles H. Perrines
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FREE RETURN BY PENALTIES OF THE CITY OF BALTIMORE.

RETURN OF A BIRTH.

23744

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 8 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	4th March 1878
4. Place of Birth (Street and Number)	76 Parrott Baltimore
5. Full Name of Mother	Appalonia Rosenberger
6. Mother's Maiden Name	" Carl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Anton Rosenberger
9. Father's Occupation	Upholsterer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	P. H. Heldmond M.D.
Address	120 Race st. Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23745

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Matilda M Wilson Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colord
3. Date of Birth March 4th 1878
4. Place of Birth (Street and Number) No 61 Russell Street
5. Full Name of Mother Matilda M. Wilson
6. Mother's Maiden Name Matilda M Tinsy
7. Mother's Birthplace Calvert County Maryland
8. Full Name of Father Barnetius J Wilson
9. Father's Occupation oyster Shucker
10. Father's Birthplace Prince Georg Coounty Maryland

Name of Medical Attendant, or other Person who makes this return Mrs Milley

Address 0 Brook ave 181 York

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23746

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 4 1878
4. *Place of Birth (Street and Number)* No 446 Gay st.
5. *Full Name of Mother* Rose Schmidt.
6. *Mother's Maiden Name* Rose Romeignoude
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Schmidt.
9. *Father's Occupation* Liquor Store.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Hellegust.

Address 182 Monument st.

Remarks

Next Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23747

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th 1878
4. Place of Birth (Street and Number)	699 W. Baltimore St.
5. Full Name of Mother	Rachel Weinberg
6. Mother's Maiden Name	Katz
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	Moses Weinberg
9. Father's Occupation	Dry goods merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23118

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th 1878
4. Place of Birth (Street and Number)	107 Pearl St.
5. Full Name of Mother	Mary Frances Livingstone Eanes
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	William Albert Livingstone
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

RETURN OF A BIRTH.

23749

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child.
1. Sex (state whether Male or Female)	male Sex
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	4th of march
4. Place of Birth (Street and Number)	Baltimore 163 Pine St.
5. Full Name of Mother	Hester Johnson
6. Mother's Maiden Name	" Jones
7. Mother's Birthplace	Frederick County
8. Full Name of Father	Daniel Johnson
9. Father's Occupation	Waiting
10. Father's Birthplace	Frederick Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Laura. V. Cole.
Address	174 Pine St.
Remarks	they are prospering

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23750

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
8
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 March
4. Place of Birth (Street and Number)	27 Eager St
5. Full Name of Mother	Mary Leelan
6. Mother's Maiden Name	Timothy
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mich. Leelan
9. Father's Occupation	Works in Gas House
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Arnold & Schrimer
Address	No 7 Forrest Place
Remarks	

Feet Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23751

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 4th 1878
4. *Place of Birth (Street and Number)* 163 W. Lombard St (Maternity)
5. *Full Name of Mother* Eva Price
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Howard Co Md
8. *Full Name of Father* Unknown
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Dr Wm Lombd

Address 163 W. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee allowed by City Ordinance to the Registrar.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23752

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Female~~ 3d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	~~No.~~ Patterson Park Ave
4. *Place of Birth (Street and Number)*	March 29th 1878
5. *Full Name of Mother*	C. M. West
6. *Mother's Maiden Name*	C. Marr
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Garrison West
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Semmes
Address	203 E Washington st
Remarks	H.P.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Fee Allowed by This Authority to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22753

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Boy (Male)
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 4. 78
4. *Place of Birth (Street and Number)* 70 N Brunswick
5. *Full Name of Mother* Adeline Cramblett
6. *Mother's Maiden Name* Switzer
7. *Mother's Birthplace* Balto Co Md
8. *Full Name of Father* Wm H Cramblett
9. *Father's Occupation* Furniture Dealer
10. *Father's Birthplace* Balto Co

Name of Medical Attendant, or other Person who makes this return — Dr Washburn

Address 349 Lexington

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

237514

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d. 1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 4th 1898
4. *Place of Birth (Street and Number)*	X430 E. Lanvale St
5. *Full Name of Mother*	Lena Hack
6. *Mother's Maiden Name*	Shakelford
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	A. Alois Hack
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Marie R. Rudiger
Address	154 S. Bond St
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23755

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 4th 1878
4. *Place of Birth (Street and Number)* Harford road ar. about Darley Ave
5. *Full Name of Mother* Annie Koch
6. *Mother's Maiden Name* Annie Koch
7. *Mother's Birthplace* Bavaria Germany
8. *Full Name of Father* George H. Koch
9. *Father's Occupation* Butler
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. J. Bull

Address No 185 E. E. Cor. of Monument St. & Central avenue

Remarks No All Well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23756

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fine Exacted by Penal Statutes in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children March the 4 16 75

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) Female White
3. Date of Birth March the 4
4. Place of Birth (Street and Number) Leadenhall St. No 53
5. Full Name of Mother Olivia A. Hunt
6. Mother's Maiden Name Olivia A Snider
7. Mother's Birthplace Baltimore
8. Full Name of Father William Snider
9. Father's Occupation Huckster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks No 53 Leadenhall St

RETURN OF A BIRTH.

23757

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 5th 1878
4. *Place of Birth (Street and Number)* 206 N Wolf St
5. *Full Name of Mother* Harriet Straughn Kilpeard
6. *Mother's Maiden Name* Harriet Straughn
7. *Mother's Birthplace* Kent County Md
8. *Full Name of Father* John Conrad Kilpeard
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Dr Geo Walker 218

Address 179 E Monument St

Remarks Child very large and healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ort Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23758

To the Office of Registrar of Vital Statistics, Board of, Health,

BALTIMORE CIT[redacted]

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	[redacted] First Child
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	Brown skin
3. Date of Birth	March 5
4. Place of Birth (Street and Number)	Union Alley No 14
5. Full Name of Mother	
6. Mother's Maiden Name	Louisa Lewis
7. Mother's Birthplace	Easton Shore
8. Full Name of Father	William J. Wright
9. Father's Occupation	Bricker Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Nick wife
Address	Harriet Britton
Remarks	No 176 North Eden St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 5th 1878 —
4. *Place of Birth (Street and Number)*	23 N. Calhoun St.
5. *Full Name of Mother*	Laura V. Kimberly
6. *Mother's Maiden Name*	" " Wayne Wayne.
7. *Mother's Birthplace*	Nottingham, England.
8. *Full Name of Father*	Geo Kimberly
9. *Father's Occupation*	Merchant.
10. *Father's Birthplace*	Balto City.
Name of Medical Attendant, or other Person who makes this return	R. J. N. Tall. M.D.
Address	152 Sharp St.
Remarks	Child living.

Fee Twenty-five Cents, to be collected by Undertakers in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23760

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR
7
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 5th 1878
4. *Place of Birth (Street and Number)* 163 W. Lombard St. (Maternité)
5. *Full Name of Mother* Elizabeth Fenton
6. *Mother's Maiden Name* " " " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Unknown
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Dr. Wm Loembel

Address 163 W. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23761

HEALTH DEPARTMENT MAR 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 5th 1878
4. *Place of Birth (Street and Number)*	163 W. Lombard St.
5. *Full Name of Mother*	Margaret Galagher
6. *Mother's Maiden Name*	" " " "
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Unknown
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this return	Dr. Wm Gombel
Address	163 W. Lombard St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23769

HEALTH DEPT. MAR 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	5 day of March
4. Place of Birth (Street and Number)	117 Homburg St.
5. Full Name of Mother	Lena Zimmer
6. Mother's Maiden Name	Rode
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Daniel Zimmer
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Ward 22 Eastern Ave.

RETURN OF A BIRTH.

23763

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Jumpara

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 5th 78
4. *Place of Birth (Street and Number)* 134 N. Shroeder
5. *Full Name of Mother* Clara. Kane.
6. *Mother's Maiden Name* Clara. Hallings
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Cornelius [redacted]
9. *Father's Occupation* Police Dept. Baltimore
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. A H Sattler. M D

Address

Remarks

Penalty for neglect by Physicians, Midwives, or other persons in the city to report.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23764

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. APR 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* Apr 3 12
4. *Place of Birth (Street and Number)* S flat from Ally
5. *Full Name of Mother* Mary frances Blake
6. *Mother's Maiden Name* Mary frances white
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Robert Blake
9. *Father's Occupation* laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Johnson
Address no 32 Hart st
Remarks healthy Child

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23765

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT APR 1878 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) 1st
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 5 1878
4. *Place of Birth (Street and Number)* Pennsylvania Ave No 718
5. *Full Name of Mother* Meta Jane Grady
6. *Mother's Maiden Name* Meta Jane Wade
7. *Mother's Birthplace* Prince Geo's Co
8. *Full Name of Father* Bernard Grady
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace* Wilmington Del

Name of Medical Attendant, or other Person who makes this Return. G H Adams M.D.
Address 215 Druid Hill Ave
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Form Returned by Private Physicians in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23766

HEALTH DEPARTMENT MAR 12 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 1111

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 6 of march
4. *Place of Birth (Street and Number)* 190 Hamburg st
5. *Full Name of Mother* Annie Hudson
6. *Mother's Maiden Name* Annie Brown
7. *Mother's Birthplace* Cambridge Dorchester County Md
8. *Full Name of Father* Samuel Hudson
9. *Father's Occupation* Sugar refinery
10. *Father's Birthplace* Cambridge Dorchester County Md

Name of Medical Attendant, or other Person who makes this return Sarah Wilson

Address Hughes st between Aisquith and Shirley

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. 3d
1. *Sex (state whether Male or Female)*	Female Sex
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	6 of March
4. *Place of Birth (Street and Number)*	No 2 Constitution Street
5. *Full Name of Mother*	Cathrine Dörris
6. *Mother's Maiden Name*	Cathrine Fechtermann
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Charles Dörris
9. *Father's Occupation*	Cigar meher
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Lambert Dr. Gallagher
Address	N Fredrick No 26
Remarks	

Penalty of Fifty Dollars in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23768

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 March
4. Place of Birth (Street and Number)	No 62 Davis St
5. Full Name of Mother	Catharine Courtney
6. Mother's Maiden Name	Tobin
7. Mother's Birthplace	England
8. Full Name of Father	John Courtney
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 7 Forrest Place
Remarks	

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23769

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	(Colored)
3. Date of Birth	March 6th 1878
4. Place of Birth (Street and Number)	5 Ross St
5. Full Name of Mother	Mary F Dungee
6. Mother's Maiden Name	Mary F Frazier
7. Mother's Birthplace	Balto
8. Full Name of Father	John B Dungee
9. Father's Occupation	Teacher
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	David J Powell M.D
Address	No 29 Ensworth St
Remarks	

RETURN OF A BIRTH.

23770

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 9 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	6th March
4. *Place of Birth (Street and Number)*	102 Elliott st Canton
5. *Full Name of Mother*	Catharine Thorn
6. *Mother's Maiden Name*	Catharine Thorn
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	William Thorn
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this return	Mrs Sarah Shelton
Address	104 Conley st Canton
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FOR RECORD OF THE SURNAMES IN THE CITY OF BALTIMORE.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23771

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	6th march
4. *Place of Birth (Street and Number)*	No 45 Pleasant St
5. *Full Name of Mother*	Mary J Marshall
6. *Mother's Maiden Name*	Mary J Marshall
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Thos Marshall
9. *Father's Occupation*	Brass finisher
10. *Father's Birthplace*	Scotland
Name of Medical Attendant, or other Person who makes this return	Elis Flemming
Address	95 Albemarle Street
Remarks	healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2.3772

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	6 March 1878
4. Place of Birth (Street and Number)	4 Herring Ct
5. Full Name of Mother	Catherine Leonard
6. Mother's Maiden Name	" Mall
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Leonard
9. Father's Occupation	Shoe-maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 6th Leonard
Remarks	

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23773

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	mary barbel [illegible] howard barbel
1. Sex (state whether Male or Female)	male.
2. Race or Color (if not of the white race)	colored.
3. Date of Birth	birst of march.
4. Place of Birth (Street and Number)	65 plum alley.
5. Full Name of Mother	mary barbel.
6. Mother's Maiden Name	
7. Mother's Birthplace	kent island queen ann
8. Full Name of Father	John barbel.
9. Father's Occupation	sailing
10. Father's Birthplace	georgetown.
Name of Medical Attendant, or other Person who makes this Return.	anna, johnson.
Address	city, fall.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23774

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 6th 7 35 P.M. 2 Day 1878
4. *Place of Birth (Street and Number)* 250 E. Baltimore Street
5. *Full Name of Mother* Emily Ferrandini
6. *Mother's Maiden Name* Emily Ferrandini
7. *Mother's Birthplace* New Jersey
8. *Full Name of Father* Esperanino Ferrandini
9. *Father's Occupation* Barber
10. *Father's Birthplace* Corsica

Name of Medical Attendant, or other Person who makes this Return James E. Donnelly M.D

Address 299 E. Baltimore Street

Remarks

RETURN OF A BIRTH. 23775

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. MAR 29 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Fifth
1. Sex (state whether Male or Female) ~~Male~~ Male
2. Race or Color (if not of the white race)
3. Date of Birth March 6th 1878
4. Place of Birth (Street and Number) No 168 N. Carey St
5. Full Name of Mother Mary Catherine Stewart
6. Mother's Maiden Name Mary Catherine Bond
7. Mother's Birthplace Baltimore City
8. Full Name of Father John McIntyre Stewart
9. Father's Occupation Tobacconist
10. Father's Birthplace Ireland, Tyrone Co.
Name of Medical Attendant, or other Person who makes this Return. N. D. Keirle M.D.
Address No 74 N. Paca St
Remarks

Penalty imposed by City Ordinance.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

23776

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	
4. *Place of Birth (Street and Number)*	
5. *Full Name of Mother*	
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	
8. *Full Name of Father*	
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this return	
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

The Records of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 March 1878
4. *Place of Birth (Street and Number)* 406 Eastern Ave
5. *Full Name of Mother* Mar E. Bray
6. *Mother's Maiden Name* Mar E. White
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jon Bray
9. *Father's Occupation* Seafaring &c
10. *Father's Birthplace* ~~Hodgant Eldtge~~ Bircholar Kent

Name of Medical Attendant, or other Person who makes this Return. E. Mar

Address Mrs E. Bray 193 W Chester st

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22778

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 7 d. 1878
4. *Place of Birth (Street and Number)* 124 Low St
5. *Full Name of Mother* Marie Laudenschlager
6. *Mother's Maiden Name* Marie Burkhardt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Heinrich Laudenschlager
9. *Father's Occupation* Saksen maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Marie R. Rudiger

Address 134 N Bond st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 7 d. 1878
4. *Place of Birth (Street and Number)*	178 Orleans strd
5. *Full Name of Mother*	Margret Kaff
6. *Mother's Maiden Name*	Mary Glindstan
7. *Mother's Birthplace*	Baltimor
8. *Full Name of Father*	Friedrig Kaff
9. *Father's Occupation*	Musiker
10. *Father's Birthplace*	Baltimor
Name of Medical Attendant, or other Person who makes this return	Marie R. Rudiger
Address	134 S Bondstrat
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23780

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 7th 1878
4. *Place of Birth (Street and Number)*	Baltimore Lombard St. 217
5. *Full Name of Mother*	Mary Jennings
6. *Mother's Maiden Name*	" Feeney
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joseph Jennings
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs. E. Mitchell
Address	No 129 Sutton St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Return of Every Birth in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23781

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

THE BOARD OF HEALTH
1878
BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3d. Child

1. *Sex* (*state whether* ~~Male or~~ *Female*)
2. *Race or Color* (*if not of the white race*) Colored
3. *Date of Birth* March the 7. 1878.
4. *Place of Birth* (*Street and Number*) E. Lombard St Nr 211
5. *Full Name of Mother* Mary Eldern
6. *Mother's Maiden Name* Mary Limpert
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Eldern
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Mary E. Müller

Address N. Dallas St. Nr 26.

Remarks

For Returns by Physicians in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23782

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 11 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 7th 1878
4. Place of Birth (Street and Number)	39. N. Castle st.
5. Full Name of Mother	Mary Ann Scanlon
6. Mother's Maiden Name	" " Flagan
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Michael Augustus Scanlon
9. Father's Occupation	Ice Dealer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	P. E. Dauschman
Address	27. N. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23783

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. Mary

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3rd

1. *Sex* (*state whether Male or Female*) Male.
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* March 2nd 1878
4. *Place of Birth* (*Street and Number*) 6 Franklin St.
5. *Full Name of Mother* Mary Thomas.
6. *Mother's Maiden Name* Mary Kut.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Jacob Thomas.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this return Mrs Mary Mund.

Address No. 132 Gate St.

Remarks [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

237814

HEALTH DEPARTMENT MAR 1918 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 1st 1918
4. *Place of Birth (Street and Number)*	1730 Penna Ave
5. *Full Name of Mother*	Ida Rat
6. *Mother's Maiden Name*	Ida Barr
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Thomas Barr
9. *Father's Occupation*	Laundis
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this return	Gilbert Schmidt
Address	
Remarks	1470 Penna Ave

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23785

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 14 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Thursday March 7th
4. Place of Birth (Street and Number)	No. 101 S. Appleton St. Balto.
5. Full Name of Mother	Emma Elizabeth Haley
6. Mother's Maiden Name	" " Thompson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Haley
9. Father's Occupation	Cook Canvasser
10. Father's Birthplace	Kilpeacon Ireland
Name of Medical Attendant, or other Person who makes this Return.	D. Emmett Harvey M.D.
Address	N. W. Cor. Fayette & Schroeder
Remarks	Baltimore Md.

RETURN OF A BIRTH.

23736

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT.
MAR 14 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 7th 1878
4. Place of Birth (Street and Number) No 25 Pine St
5. Full Name of Mother Anna Kate Riepe
6. Mother's Maiden Name Anna Kate Ortman
7. Mother's Birthplace Germany
8. Full Name of Father Lothar Riepe
9. Father's Occupation Grocer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winneberger

Address 23 N. Liberty St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23787

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 13 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	11th Girl
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White race
3. Date of Birth	March 9th
4. Place of Birth (Street and Number)	No 310 Mulberry St.
5. Full Name of Mother	Amelia Eppman
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Province of Prussia
8. Full Name of Father	John B. Eppman
9. Father's Occupation	Cigar Packing
10. Father's Birthplace	Province of Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mrs. [illegible]
Address	No 310 Mulberry St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23788

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 13 1918 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 2. 1918
4. Place of Birth (Street and Number) Rear 44 No. 6.
5. Full Name of Mother Harriet E Davis
6. Mother's Maiden Name
7. Mother's Birthplace Balt. Md
8. Full Name of Father William Davis
9. Father's Occupation Laborer
10. Father's Birthplace Bal Md

Name of Medical Attendant, or other Person who makes this Return. Dr. Charlotte Goodwin

Address No 58 Moed Alley

Remarks Balt. Md

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23789

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 7th
4. *Place of Birth (Street and Number)* No 426 North Gay st
5. *Full Name of Mother* Elisabeth Jacob
6. *Mother's Maiden Name* Elisabeth Trost
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Michael Jacob
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Lauben Univ Hospital

Address 426 N Gay st

Remarks L M C.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23790

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 7th 1878
4. Place of Birth (Street and Number)	No 220 E Fayette St
5. Full Name of Mother	Harriet Willett
6. Mother's Maiden Name	Harriet Kellman
7. Mother's Birthplace	Newberg Md
8. Full Name of Father	John W Willett
9. Father's Occupation	Engineer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Daniel F Powell MD
Address	No 29 Arsenal St
Remarks	

RETURN OF A BIRTH.

23791

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 7 March
4. *Place of Birth (Street and Number)* 232 Eastern Ave.
5. *Full Name of Mother* Caroline Rosenberg
6. *Mother's Maiden Name* Grab
7. *Mother's Birthplace* U. S.
8. *Full Name of Father* Isaac Rosenberg
9. *Father's Occupation* Clerk
10. *Father's Birthplace* U. S.

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 53 E. Lombard

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March the 7th 1878
4. *Place of Birth (Street and Number)* No 101 Nine Street
5. *Full Name of Mother* Ellen Newman
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Anna Rundle Co md
8. *Full Name of Father* Peter Newman
9. *Father's Occupation* Dray man
10. *Father's Birthplace* Har Harford Co Md

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

No. 23793

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Eighth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	7 March
4. *Place of Birth (Street and Number)*	250 Hamburg st.
5. *Full Name of Mother*	Caroline Glaser
6. *Mother's Maiden Name*	" Schwartz
7. *Mother's Birthplace*	Kur.-Hessen-Germany
8. *Full Name of Father*	Aug. Glaser
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace*	Kur.-Hessen Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	321 South Eutaw st.
Remarks	

For Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23794

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race)

3. Date of Birth March 7th 1878

4. Place of Birth (Street and Number) 38 6. East Eager

5. Full Name of Mother Eliza Jane Bloxham

6. Mother's Maiden Name " " Fields

7. Mother's Birthplace Baltimore City

8. Full Name of Father Richard John Bloxham

9. Father's Occupation Telegrapher

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return

Address 18 Aisquith St (Geo H. Watson

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23795

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 1st 7 : 15 P.M. Born 1878
4. *Place of Birth (Street and Number)* 268 E. Baltimore St. Co. of Balto.
5. *Full Name of Mother* Theresa Bernie
6. *Mother's Maiden Name* Theresa Hamburger
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Samuel Bernie
9. *Father's Occupation* Shoe Manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Samuel L. Arnold M.D.

Address 299 E. Baltimore Street

Remarks

23796

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* W.
3. *Date of Birth* 7 March 1879
4. *Place of Birth (Street and Number)* 154 East Hughes St
5. *Full Name of Mother* Mary Lannafee
6. *Mother's Maiden Name* Kenly
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Cyrus Lannafee
9. *Father's Occupation* Seafaring man
10. *Father's Birthplace* Portland Maine

Name of Medical Attendant, or other Person who makes this Return. Miss Susan E. Norman

Address 140 South Howard St

Remarks M. C. vaccinated

Mo

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23797

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child,
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	9th day of March, Balto. Md. 1878
4. *Place of Birth (Street and Number)*	No 82 Frederick, Av. Balto. Md. 1878
5. *Full Name of Mother*	Mary Sigfread
6. *Mother's Maiden Name*	" " McLaughlin "
7. *Mother's Birthplace*	Baltimore, Md.
8. *Full Name of Father*	John. Sigfread.
9. *Father's Occupation*	Butcher.
10. *Father's Birthplace*	Kyrban,
Name of Medical Attendant, or other Person who makes this Return.	Anne. Lindner.
Address	No 45 Monroe St. Baltimore Md.
Remarks	

RETURN OF A BIRTH.

23798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 12 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 5 d 1878
4. *Place of Birth (Street and Number)* 172 Johnson Stret
5. *Full Nome of Mother* Caroline Dimas
6. *Mother's Maiden Nome* Caroline Bireson
7. *Mother's Birthplace* Baltimor
8. *Full Nome of Fother* William Dimas
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimor

Nome of Medical Attendant, or other Person who makes this return M. R. Rudiger

Address 134 E Bond Stret

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Any Person or Persons in the City of Baltimore.

RETURN OF A BIRTH.

23799

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March the 8. 1878.
4. *Place of Birth (Street and Number)* N. Dallas A. No. 17.
5. *Full Name of Mother* Sarah Walker
6. *Mother's Maiden Name* Sarah Erkon
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William ~~Erkon~~ Walker
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

237800
23800.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 11th Child

1. *Sex* (*state whether ~~Male~~ or Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* March 11. 8. 1878.
4. *Place of Birth* (*Street and Number*) S. Dallas St. N° 121
5. *Full Name of Mother* Kunigunda Herz
6. *Mother's Maiden Name* Kunigunda Knorr
7. *Mother's Birthplace* Langstadt. K. Baiern. Germany
8. *Full Name of Father* Nicolaus Herz
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Langstadt. K. Baiern. Germany

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address N. Dallas A N° 26.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23801

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 3rd

1. *Sex (state whether Male or Female)* Male Healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born the 24th of March 1878
4. *Place of Birth (Street and Number)* Jason St.
5. *Full Name of Mother* B. Marsh
6. *Mother's Maiden Name* B. Dasingdorfer
7. *Mother's Birthplace* born in Bavaria Germany
8. *Full Name of Father* Henry Marsh
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Miss. Hiller

Address No 57 Smallwood St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23802

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any phy-sician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 8th 1878
4. *Place of Birth (Street and Number)* No 208 Franklin st
5. *Full Name of Mother* Fanny Wimmenbergen
6. *Mother's Maiden Name* Fanny Thomas
7. *Mother's Birthplace* Hanover Pa.
8. *Full Name of Father* Frank J. Wimmenbergen
9. *Father's Occupation* Machine Operater
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Jane Wimmenbergen

Address No 23 N. Liberty st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23503

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 8th 1878
4. Place of Birth (Street and Number) No 4 St Mary's St
5. Full Name of Mother Olivia C. Butler
6. Mother's Maiden Name Olivia C. Brent
7. Mother's Birthplace Baltimore
8. Full Name of Father William H. Butler
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Jane Wimmebergen

Address No 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty imposed by Public Ordinances of the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

238 04

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Vier.
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 8,
4. *Place of Birth (Street and Number)*	No 12 S. Exeter Str. Baltimore
5. *Full Name of Mother*	Mina Schaffer
6. *Mother's Maiden Name*	Giffhorn
7. *Mother's Birthplace*	Heimerson. Hanover
8. *Full Name of Father*	August Schaffer
9. *Father's Occupation*	Cochmacher
10. *Father's Birthplace*	Hessen Cassel
Name of Medical Attendant, or other Person who makes this return	Babette Reis
Address	No 26 S. Frederick Str.
Remarks	

Penalty for Failure of Physicians in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23105

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name, Robert

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 8
4. Place of Birth (Street and Number)	Caroline and Chew St
5. Full Name of Mother	Hecken Deppish
6. Mother's Maiden Name	Jasse
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Deppish
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Shimmer
Address	No 7 Forrest Place
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.3806

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (~~state whether Male or Female~~) Male — *Name:* John Thomas Ward Hammer

2. Race or Color (~~if not of the white race~~) White

3. Date of Birth March 8th 1878

4. Place of Birth (Street and Number) 101 E Madison St

5. Full Name of Mother Elizabeth (Hammer) Hammar

6. Mother's Maiden Name " Martin

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John M Hammar

9. Father's Occupation Whip Manufacturer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. T. E. Ward M.D

Address 127 St Paul St

Remarks

RETURN OF A BIRTH.

23807

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 8 1898.
4. *Place of Birth (Street and Number)* No 173 [illegible] st.
5. *Full Name of Mother* Emma Robinson.
6. *Mother's Maiden Name* Wagner Traeger.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* [illegible] Robinson.
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant or other person who Makes Return. [illegible] Hulbert.

Address 182 [illegible] st.

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23808

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Small Child 7

1. Sex (state whether Male or Female) it is a female Child

2. Race or Color (if not of the white race) Color Race

3. Date of Birth

4. Place of Birth (Street and Number) this ins Shen Seeking Mine

5. Full Name of Mother Lasender Webster

6. Mother's Maiden Name

7. Mother's Birthplace Easter Shore Maryland

8. Full Name of Father Nicklus Webster

9. Father's Occupation

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return.

Address No 8 Goodman Alley

Remarks Born on March 30 on Sat

Mon Sloper No 42 Chicago St

The Return of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colled
3. *Date of Birth* March 11th
4. *Place of Birth (Street and Number)* 113 York St
5. *Full Name of Mother* Anna Johnston
6. *Mother's Maiden Name* Anna Carmith
7. *Mother's Birthplace* Carline County
8. *Full Name of Father* Addison Johnson
9. *Father's Occupation* Oyst Shucker
10. *Father's Birthplace* Washington

Name of Medical Attendant, or other Person who makes this return Milly Groos

Address 181 York Street

Remarks

MAR 14 1878 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23810

HEALTH DEPT. MAR 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 8th 1878
4. *Place of Birth (Street and Number)* No 466 Lexington St.
5. *Full Name of Mother* Christena Lehr
6. *Mother's Maiden Name* " Schmidt.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Leonard Lehr
9. *Father's Occupation* Provission Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler 60 Schroeder

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,381

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 March
4. *Place of Birth (Street and Number)* 135 E. West St.
5. *Full Name of Mother* Rachal Rath
6. *Mother's Maiden Name* Daub
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Rath
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Sophia Siemon

Address 1670 Gurley Street

Remarks

FOR REPORT to Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

MISSING

#23812

RETURN OF A BIRTH.

238183

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th " March
4. Place of Birth (Street and Number)	Cor. Eutaw and Fremont
5. Full Name of Mother	Bertha Mueller
6. Mother's Maiden Name	" Wolf
7. Mother's Birthplace	Sachsen Gotha Germany
8. Full Name of Father	Fredk Mueller
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Nordhausen Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	325 South Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

The above is the Section of the Law of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

v 23814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	march the 9th 19
4. *Place of Birth (Street and Number)*	no 304 mont gomery
5. *Full Name of Mother*	mary gorden
6. *Mother's Maiden Name*	mary wesher
7. *Mother's Birthplace*	eastern shore va
8. *Full Name of Father*	columbus gorden
9. *Father's Occupation*	labour
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 Sept 1st ave
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23815

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. *Sex (~~state whether Male or Female~~)* Male
2. *Race or Color (~~if not of the~~ white race)* White
3. *Date of Birth* March 9th 1878.
4. *Place of Birth (Street and Number)* No 8 Lynch St.
5. *Full Name of Mother* Nellie A. Bassler
6. *Mother's Maiden Name* Nellie A. Brian
7. *Mother's Birthplace* Anne Arundel Co. Md.
8. *Full Name of Father* William A. Bassler
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Maryland " " Md.

Name of Medical Attendant, or other Person who makes this Return John L. Blizzard M.D.

Address

Remarks

RETURN OF A BIRTH.

23816

HEALTH DEPARTMENT MAR 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 9th 1878
4. *Place of Birth (Street and Number)* 411 Strieker St
5. *Full Name of Mother* Sarah Robinson
6. *Mother's Maiden Name* " Morris
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lewis Robinson
9. *Father's Occupation* Collector
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Chris Fawcett M.D.

Address 92 Hoshier St.

Remarks

RETURN OF A BIRTH.

23817

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 12 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 8th

1. Sex (~~state whether Male or~~ Female) Male

2. Race or Color (~~if not of the~~ white race) White

3. Date of Birth March 9th 1878

4. Place of Birth (Street and Number) 242 W. Lombard St

5. Full Name of Mother Hetta Rosenfeld

6. Mother's Maiden Name Hetta Cohen

7. Mother's Birthplace Germany

8. Full Name of Father Gabriel Rosenfeld

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John L. R. Wood, M.D.

Address "

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23815

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1 | 1

1. *Sex* (*state whether Male or Female*) Male
2. *Race or Color* (*if not of the white race*) Black
3. *Date of Birth* March 9th 1911
4. *Place of Birth* (*Street and Number*) No 1 Saratoga Court
5. *Full Name of Mother* A. Bartholow
6. *Mother's Maiden Name* A. Bartholow
7. *Mother's Birthplace* New York
8. *Full Name of Father* J. A. Bartholow
9. *Father's Occupation* Butler & Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Elizabeth Jones

Address

Remarks No 270 Penna Ave

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23819

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th March 1878
4. Place of Birth (Street and Number)	140 Canal St.
5. Full Name of Mother	Ellen Birmahan
6. Mother's Maiden Name	" Leary
7. Mother's Birthplace	Ireland
8. Full Name of Father	Jno Birmahan
9. Father's Occupation	Driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard
Remarks	

PENALTY for Failure to Make Returns in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23820

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 1 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	femall
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	march 9. 1879
4. Place of Birth (Street and Number)	Hanbury St No. 211
5. Full Name of Mother	Mary Hicks
6. Mother's Maiden Name	Mary Readick
7. Mother's Birthplace	Easton Shore
8. Full Name of Father	Anthony Hicks
9. Father's Occupation	Brick Macker
10. Father's Birthplace	Easton Shore
Name of Medical Attendant, or other Person who makes this Return.	Marger Spigg
Address	No 2 Peach ally
Remarks	Sickness Cause of Not Reported before

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23821

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 9th 1879
4. *Place of Birth (Street and Number)* 272 Myrtle Ave
5. *Full Name of Mother* Ernestine Rowland
6. *Mother's Maiden Name* Sterne
7. *Mother's Birthplace* Madisonville La
8. *Full Name of Father* William Rowland
9. *Father's Occupation* Lawyer
10. *Father's Birthplace* Cecil Co. Md

Name of Medical Attendant, or other Person who makes this Return. R. L. Williams
Address 201 Madison Ave
Remarks

The "Return" was inadvertently omitted. R. L. W.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23822

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th 1

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 9th 1878
4. *Place of Birth (Street and Number)* S.E. Corner Baltic & Caroline Sts
5. *Full Name of Mother* Bertha Solomon
6. *Mother's Maiden Name* Cohen
7. *Mother's Birthplace* Mentz - Germany
8. *Full Name of Father* Saml Solomon
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr L. Spicer

Address 37 N Gay & Lombard Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23823

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 9 th. 1878
4. Place of Birth (Street and Number)	No 2 Gillings court
5. Full Name of Mother	Margareth Schooner
6. Mother's Maiden Name	unger . Germany
7. Mother's Birthplace	Henry Schooner
8. Full Name of Father	
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Hohnadel midwife
Address	28 Grau st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23824

1st

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th child
1. *Sex (state whether Male or Female)*	Male Colored
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	March the 9th 78
4. *Place of Birth (Street and Number)*	No 2 N Durham st
5. *Full Name of Mother*	Julia Lee
6. *Mother's Maiden Name*	Julia Bain
7. *Mother's Birthplace*	Eastern Shore Md
8. *Full Name of Father*	Manuel Lee
9. *Father's Occupation*	Oyster shucker
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return	Mary E Barker
Address	51 Jefferson St Balto
Remarks	Not any

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23825

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR 14 18 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth March 9th 1878.
4. Place of Birth (Street and Number) 41 Bunn Street.
5. Full Name of Mother Caroline Virginia Hays.
6. Mother's Maiden Name " " Shelly.
7. Mother's Birthplace Dinwiddie County Virginia.
8. Full Name of Father Benjamin H. Hays.
9. Father's Occupation Contractor + Builder.
10. Father's Birthplace Sussex County Virginia.

Name of Medical Attendant, or other Person who makes this Return. Harry LeByrd M.D.
Address 139 N. Arlington Ave. Home.
Remarks Vertex presentation. Natural labor 4 hours
Umbilical Cord around neck once easily reduced

RETURN OF A BIRTH. 23826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 23 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 9. 78.
4. Place of Birth (Street and Number) 94 Eric
5. Full Name of Mother Margaret Jane Gillan
6. Mother's Maiden Name Rial
7. Mother's Birthplace Balto
8. Full Name of Father James Gillan
9. Father's Occupation Hostler
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this return L. A. Eastman

Address 324 Eric

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 23827

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 6 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* M.
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* March 6. 78
4. *Place of Birth (Street and Number)* 95 E. Eager
5. *Full Name of Mother* Anna
6. *Mother's Maiden Name* Ruppert
7. *Mother's Birthplace* Balto
8. *Full Name of Father* H. A. Mark
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Jos. L. Kennedy

Address 150 Virginia Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23828

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Mrd Mary J. Mathus
1. Sex (state whether Male or ~~Female~~)	
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	March the 10. 1878
4. Place of Birth (Street and Number)	No. 10 Jenken Alley
5. Full Name of Mother	Mary. Jane. Mathus
6. Mother's Maiden Name	Mary Jane Hollas
7. Mother's Birthplace	Baltimar County
8. Full Nome of Father	Simon Mathus
9. Father's Occupation	Laban
10. Father's Birthplace	Baltimar County
Name of Medical Attendant, or other Person who makes this Return.	J W Creek Md
Address	No 23 Beath St
Remarks	non

RETURN OF A BIRTH.

23829

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 12th 1873

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 10th 1873
4. Place of Birth (Street and Number) 33 Wolfe St.
5. Full Name of Mother Emma Fischer
6. Mother's Maiden Name Emma Hamann
7. Mother's Birthplace America
8. Full Name of Father Henry Fischer
9. Father's Occupation Sailor.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Mrs Mary Smead

Address No. 137 Wolfe St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

[illegible] AND STATIONERS.

23830

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR 13 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 10th 18 77
4. *Place of Birth (Street and Number)* No 60 Stockton alley
5. *Full Name of Mother* Matha jane waters
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Fayette Harford Co
8. *Full Name of Father* Jerremiah Howard
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Not known

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Mitchell

Address No 7 Stockton alley

Remarks

Fee Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23831

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st Child

1. *Sex* (*state whether* ~~Male or~~ *Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* March the 10: 1878.
4. *Place of Birth* (*Street and Number*) Mc. Elderry St. No. 100
5. *Full Name of Mother* Hatta Farrell.
6. *Mother's Maiden Name* Hatta Heaganbuch
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Farrell.
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23832

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 9th 1878

HEALTH DEPARTMENT MAR 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth March 8th 1878.
4. Place of Birth (Street and Number) 1038 E Lombard St.
5. Full Name of Mother Annie Ible.
6. Mother's Maiden Name Annie Douglas
7. Mother's Birthplace Baltimore.
8. Full Name of Father Joseph Ible.
9. Father's Occupation Confectioner.
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this return Dr. Mary Rennel

Address No. 157 Wolfe St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.38.33

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 11 1878

HEALTH DEPT. MAR 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 10th 1878
4. *Place of Birth (Street and Number)* No 256 Eastern Ave.
5. *Full Name of Mother* Cedrica Hofmeister
6. *Mother's Maiden Name* Cedrica Reademeyer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Hofmeister
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Mrs Mary Arnold

Address No 127 Wolfe St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

238811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* brown skin
3. *Date of Birth* 10th of march
4. *Place of Birth (Street and Number)* Hoyer st between 4 & 5 No. 4
5. *Full Name of Mother* Julia Simson
6. *Mother's Maiden Name* Julia Hart
7. *Mother's Birthplace* Howard county Md
8. *Full Name of Father* John Edward Simson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* west river

Name of Medical Attendant, or other Person who makes this Return. Elysia Somerville

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22835

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 14 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sunday Mar. 10th 1878.
4. Place of Birth (Street and Number)	No. 22. Vine St. Balto.
5. Full Name of Mother	Georgiana Curtis
6. Mother's Maiden Name	" Brown
7. Mother's Birthplace	Howard Co. Md.
8. Full Name of Father	George Curtis
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. Dimmitt Norris M.D.
Address	N. W. Cor Fayette & Schroeder Sts Balto. Md.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23836

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 10 95

4. Place of Birth (Street and Number) 350 Franklin St

5. Full Name of Mother Delilia F. Smith

6. Mother's Maiden Name ———

7. Mother's Birthplace Baltimore

8. Full Name of Father Oliver J. Smith

9. Father's Occupation Coach Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Hannah Goodman

Address

Remarks

RETURN OF A BIRTH.

2387

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 10 of May
4. *Place of Birth (Street and Number)* No 171 Hoffman
5. *Full Name of Mother* Mage Jacobs
6. *Mother's Maiden Name* Mage Bond
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gost Bont
9. *Father's Occupation* Tuner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Wes Sauer

Remarks 173 Hoffman

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Failure to Make Returns in the City of Baltimore.

23838

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, residence and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* ~~Mulatto~~ White
3. *Date of Birth* March 10 d
4. *Place of Birth (Street and Number)* Baltimore Head Mc 712
5. *Full Name of Mother* Magdalene Carolina Keith
6. *Mother's Maiden Name* Gross
7. *Mother's Birthplace* Helsenbergen Hesse Darmstadt Germany.
8. *Full Name of Father* Henry Keith
9. *Father's Occupation* Shoemaker Farm
10. *Father's Birthplace* Schlitz Hessen Darmstadt Germany

Name of Medical Attendant, or other Person who makes this Return. Mc Dumler 60 Schroter

Address

Remarks

MAR 10 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23839

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d " "

1. *Sex (state whether Male or Female)* Female " "
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 10 march 1878
4. *Place of Birth (Street and Number)* 185 Aisquith st
5. *Full Name of Mother* Sara J Rhodes
6. *Mother's Maiden Name* " " Baker
7. *Mother's Birthplace* md
8. *Full Name of Father* Jno P Rhodes
9. *Father's Occupation* cons mcht.
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lawrence Campbell

Address 129 N Bidall

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23840

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Sh.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Black.
3. *Date of Birth* March 10. 1878
4. *Place of Birth (Street and Number)* E. Chestnut Ch.
5. *Full Name of Mother* Julia Wells.
6. *Mother's Maiden Name* " Bond.
7. *Mother's Birthplace* Eastern Shore Md.
8. *Full Name of Father* John Wells.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr. Scruff. M.D.

Address So. n Charles Ch.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.2847

HEALTH DEPT. MAR 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	4 te
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	March 10. 1878
4. *Place of Birth (Street and Number)*	Hutson st. 181.
5. *Full Name of Mother*	Barbara Schaaf
6. *Mother's Maiden Name*	Hupka
7. *Mother's Birthplace*	Bayern Bayern
8. *Full Name of Father*	Johann Schaaf
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Hessenheim Wittenberg
Name of Medical Attendant, or other Person who makes this return	Mr. L. Bergbach
Address	S. Wolfe st. No. 28
Remarks	Wm. Thorpe

WM. J. C. DULANY & CO. CITY PRINTING AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23512

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	10 of March 1878
4. Place of Birth (Street and Number)	44 Peach alley
5. Full Name of Mother	Ellen Pinkney
6. Mother's Maiden Name	Ellen Hutchins
7. Mother's Birthplace	Berlen md
8. Full Name of Father	Alexander Pinkney
9. Father's Occupation	Laborer
10. Father's Birthplace	Prince Georges Co md
Name of Medical Attendant, or other Person who makes this Return.	Geo. Sidney
Address	
Remarks	no Physician present

RETURN OF A BIRTH.

2,38413

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SOUTH GERMANTOWN
MAR 18 1878
PHILADELPHIA

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ou 11
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10th 1878
4. Place of Birth (Street and Number)	173 Montgomery St.
5. Full Name of Mother	Emma A. LeCompte
6. Mother's Maiden Name	Woofnagle
7. Mother's Birthplace	Maryland
8. Full Name of Father	Gr. J. LeCompte
9. Father's Occupation	Mariner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre Sts
Remarks	

RETURN OF A BIRTH.

23841

HEALTH DEPARTMENT
MAR
8
1873
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 10th 1873
4. Place of Birth (Street and Number)	No 331 ~~Hanover~~ S. Charles St
5. Full Name of Mother	~~Charlotte~~ Charlotte Mulches
6. Mother's Maiden Name	" Mew
7. Mother's Birthplace	South Carolina
8. Full Name of Father	George Mulches
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte A Lewis
Address	No 162 Hanover St
Remarks	

RETURN OF A BIRTH.

238145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 10th 1885
4. Place of Birth (Street and Number)	190 Canal St
5. Full Name of Mother	Annie Nolan
6. Mother's Maiden Name	Annie Burns
7. Mother's Birthplace	United States
8. Full Name of Father	Pat. Nolan
9. Father's Occupation	Laborer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carper
Address	52 E. Lombard
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23846

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 10th 1888.
4. *Place of Birth (Street and Number)* No 243 E Biddle St.
5. *Full Name of Mother* Eugene Hempel.
6. *Mother's Maiden Name* Eugene Raiber.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John H Hempel.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Fred Hellgeist

Address No 182 Monument St.

Remarks

RETURN OF A BIRTH.

23847

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 14th 1876
4. *Place of Birth (Street and Number)*	No 306 Bank St
5. *Full Name of Mother*	D. M. A. O'Connor
6. *Mother's Maiden Name*	D. M. Adams
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	M. O'Connor
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Mrs Mary J. Simms
Address	203 Washington St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23848

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	11 March
4. Place of Birth (Street and Number)	No 82 Sarah Ann St.
5. Full Name of Mother	Harriett Ann Jones
6. Mother's Maiden Name	Harriett Carter
7. Mother's Birthplace	Baltimore Co
8. Full Name of Father	Daniel H Carter
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore md
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Lashay
Address	81 Mary Ann St
Remarks	Bath md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23849

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th Child

1. *Sex* (*state whether Male* ~~*or Female*~~)
2. *Race or Color* (*if not of the white race*) White
3. *Dote of Birth* March the 11. 1878
4. *Place of Birth* (*Street and Number*) Carlton Av. Nr 262
5. *Full Name of Mother* Mary Dambronzky
6. *Mother's Maiden Name* Mary Stockert
7. *Mother's Birthplace* Insterburg K. Preussen. Germany
8. *Full Name of Fother* August Dambronzky
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Groshimden K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address N. Dallas A. Nr 26.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23830

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	11th of May
4. Place of Birth (Street and Number)	Fine St 124
5. Full Name of Mother	Louise Wigmann
6. Mother's Maiden Name	" Sohl
7. Mother's Birthplace	Deutschland
8. Full Name of Father	John Sohl
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Elly. Zumler
Address	60 Schroeder Ave.
Remarks	

Duty of Physicians, Midwives, and others to Return Births to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

93857

HEALTH DEPARTMENT MAR 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 11th 1878
4. *Place of Birth (Street and Number)*	# 14 East Eutaw St.
5. *Full Name of Mother*	Anna B. Sandemann
6. *Mother's Maiden Name*	Anna Bamminger
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry H. Sandemann
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Mary P. Simms
Address	# 213 E Washington Place
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2.3852

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. [redacted] Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex (state whether Male or Female) White Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 11th 4.2 4 o'clock P.M.
4. Place of Birth (Street and Number) 74½ Harrison Street Balto
5. Full Name of Mother Mary Ecker
6. Mother's Maiden Name Mary Feige
7. Mother's Birthplace Jefferson County West Virginia
8. Full Name of Father Peter A. Ecker
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this return Barbara Rees midwife

Address 74½ Harrison St Balto 26 n. Fremont st

Remarks child in good Health

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born at a time, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23855

1/11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Mother of fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* M. Dark Brown Skin
3. *Date of Birth* 11th of March 4. o'clock in the Morning
4. *Place of Birth (Street and Number)* Birth 74 Spring Street
5. *Full Name of Mother* Priscilla Askins
6. *Mother's Maiden Name* Priscilla Williams
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* James Askins
9. *Father's Occupation* Grain Elmer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Alex A. Chaplin

Address 48 South Dallas Street

Remarks

RETURN OF A BIRTH.

23831

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	11 March 1875
4. Place of Birth (Street and Number)	147 S. Register St
5. Full Name of Mother	Rosa Davis
6. Mother's Maiden Name	Bell
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm Davis
9. Father's Occupation	Painter
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Hiller
Address	151 E Pratt St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23855

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colard

3. Date of Birth Apr 11

4. Place of Birth (Street and Number) 5 Lexington st

5. Full Name of Mother Rose sims

6. Mother's Maiden Name Rose mackey

7. Mother's Birthplace Baltimore

8. Full Name of Father John sims

9. Father's Occupation labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs lear Johnson

Address no 32 short st

Remarks healthy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23856

MAR 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* march 11 1878
4. *Place of Birth (Street and Number)* 114 west st
5. *Full Name of Mother* harriet rogers
6. *Mother's Maiden Name* harriet waters
7. *Mother's Birthplace* ~~[illegible]~~ Va virginia
8. *Full Name of Father* James h rogers
9. *Father's Occupation* engineer
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this return Rachel A. Nugent M.D.

Address 433 aliceanna st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23857

MAR 5 '78 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 March
4. *Place of Birth (Street and Number)* 153 Elliott st Canton
5. *Full Name of Mother* Mary Doyle
6. *Mother's Maiden Name* Mary Connor
7. *Mother's Birthplace* Canton Balto City
8. *Full Name of Father* Henry Doyle
9. *Father's Occupation* Laborer
10. *Father's Birthplace* County Cork Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullivan

Address 10 Bowley st Canton

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 23859

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th March 1878
4. Place of Birth (Street and Number)	433 Gres St.
5. Full Name of Mother	Mary Lohmann
6. Mother's Maiden Name	" Lutz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Lohmann
9. Father's Occupation	Bar-Keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kath
Address	328 South Eutaw St
Remarks	

Penalty of Fifty Dollars in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23859

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 11th 1878
4. Place of Birth (Street and Number)	Baltimore Leadenhall St 1st 121
5. Full Name of Mother	Gina Mooks
6. Mother's Maiden Name	Soldeman
7. Mother's Birthplace	Germany
8. Full Name of Father	Jake Koops
9. Father's Occupation	Black Smith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No 220 Montgomery St Balt
Remarks	

RETURN OF A BIRTH. 23860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* March 11th 1878
4. *Place of Birth (Street and Number)* East Eager 327
5. *Full Name of Mother* Josephine Henson Glanville
6. *Mother's Maiden Name* " " Joice
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Robert Bolton Glanville
9. *Father's Occupation* Agent B. & O. R. Road
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Wagson

Address 18 Aisquith St

Remarks

Penalty of Violation of Statutes in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23861

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Six Children

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* African Race
3. *Date of Birth* March 11th 1878
4. *Place of Birth (Street and Number)* Barree St No 21 Baltimore City
5. *Full Name of Mother* Rachel Riggs
6. *Mother's Maiden Name* Rachel Brown
7. *Mother's Birthplace* Norfolk Va
8. *Full Name of Father* Henry Riggs
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Norfolk Va

Name of Medical Attendant, or other Person who makes this Return.

Address Julia E. Johnson No 212 Varner St Baltimore City

Remarks

Rule according to which Returns are to be made in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23862

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAY 14 1898 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 12 march
4. *Place of Birth (Street and Number)* Riddle alley 62
5. *Full Name of Mother* Lizzie Harris
6. *Mother's Maiden Name* Lizzie Hawkins
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George H. Harris
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return

Address Charlotte Goldbrough 31 mosher alley

Remarks

RETURN OF A BIRTH.

23863

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 12th 1878
4. Place of Birth (Street and Number)	Baltimore Hanover St No 565
5. Full Name of Mother	Margret Rossiter
6. Mother's Maiden Name	Murphy
7. Mother's Birthplace	Wexford, Ireland
8. Full Name of Father	John Rossiter
9. Father's Occupation	works in the gas house
10. Father's Birthplace	wexford Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 220 Montgomery Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23864

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Coloured
3. *Date of Birth* March 12th 1878
4. *Place of Birth (Street and Number)* Chesnut St No 10
5. *Full Name of Mother* Mary Blake
6. *Mother's Maiden Name* Mary Blake
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* ~~Co partner~~ Richard Wallace
9. *Father's Occupation* ~~Depot Master~~ Waggoner.
10. *Father's Birthplace* ~~Same as~~ Baltimore Md

Name of Medical Attendant, or other Person who makes this return Charlotte Tillon

Address Forest St 1892

Remarks all Well,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23865

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* mar 12
4. *Place of Birth (Street and Number)* 1 Medley court
5. *Full Name of Mother* Mary Harris
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace* Elkton
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Lear Johnson
Address no 32 east st
Remarks healthy child

RETURN OF A BIRTH.

23866

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 Les Child

1. *Sex* (*state whether Male* ~~*or Female*~~).
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* March the 12 1878
4. *Place of Birth* (*Street and Number*) N. Chappel St. No 113.
5. *Full Name of Mother* Laura V. Fields
6. *Mother's Maiden Name* Laura V. Hagerty
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Robert Fields
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address N. Dallas St. No 26.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23867

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 12th 1878
4. *Place of Birth (Street and Number)*	33 Fawn Alley St.
5. *Full Name of Mother*	B. R. Stamm
6. *Mother's Maiden Name*	B Rickler
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Jos. Stamm
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Simms
Address	No 203 N Washington St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23868

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 12 th 1878
4. Place of Birth (Street and Number)	No 373 S. Charles St.
5. Full Name of Mother	Sarah Hayl
6. Mother's Maiden Name	Eliadon
7. Mother's Birthplace	America "
8. Full Name of Father	Monjo Hayl
9. Father's Occupation	Brick Layer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	215 Cross St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Given Name Added 10-12-87

RETURN OF A BIRTH.

23869

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

John Edward Lastner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12 March 1878
4. Place of Birth (Street and Number) 60 Baltimore St
5. Full Name of Mother Margarette Lastner
6. Mother's Maiden Name Capp
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Lastner
9. Father's Occupation Confectioner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Sophie Lauer

Address No 70 County St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23870

BIRTH DEPARTMENT MAR 3 1870 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 May
4. *Place of Birth (Street and Number)* 86 Canal Street
5. *Full Name of Mother* Louisa Heitsman
6. *Mother's Maiden Name* Heitsman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Sitte
9. *Father's Occupation* Wheelwright
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Sophie Siemon

Address No 70 Grundy St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23871

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 of March 1878
4. Place of Birth (Street and Number)	18 E. Monument St.
5. Full Name of Mother	Susan Rebeca Cooks
6. Mother's Maiden Name	Susan R. Cole
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm M. Cooks
9. Father's Occupation	Carpenter
10. Father's Birthplace	Canada
Name of Medical Attendant, or other Person who makes this Return.	Lydia A. Conner
Address	296 E. Madison St. Baltimore
Remarks	

RETURN OF A BIRTH.

23872

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 12th 1878
4. *Place of Birth (Street and Number)* Battery Av near No 261.
5. *Full Name of Mother* Eva Reiker
6. *Mother's Maiden Name* Eva Miller.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mike Reiker
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Dr Wm Braune

Address 114 Battery Ave

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

22873

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 12 - 1878
4. *Place of Birth (Street and Number)* Balto No. 187.
5. *Full Name of Mother* Sarah J. Saulle.
6. *Mother's Maiden Name* Sarah Schneider
7. *Mother's Birthplace* Baltimore Co Md
8. *Full Name of Father* Eli Saulle
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this return Southey Bruce

Address 117 Balto St

Remarks

The many physicians, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

238711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity; and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* non W.
3. *Date of Birth* d. 12 May 1878
4. *Place of Birth (Street and Number)* Baltimore Elliott St. 45.
5. *Full Name of Mother* Louise Dickens
6. *Mother's Maiden Name* Troop
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Dickens
9. *Father's Occupation* Fyll Mw
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Timmer

Address Elliott St. 125.

Remarks

RETURN OF A BIRTH.

23875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. 6 JUL 70 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Withe
3. *Date of Birth* 12 Mery
4. *Place of Birth (Street and Number)* 180 Registe Stret
5. *Full Name of Mother* Marie Dauman
6. *Mother's Maiden Name* Wojdell
7. *Mother's Birthplace* Rexen
8. *Full Name of Futher* Ernst Wojdell Germany.
9. *Father's Occupation* Szumadar
10. *Father's Birthplace* Wirsitz

Name of Medical Attendant, or other Person who makes this return Marie Güttner.

Address Wolfe Stret No. 245.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23576

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Negro
3. *Date of Birth*	March 12th
4. *Place of Birth (Street and Number)*	1351 Johnston Ave.
5. *Full Name of Mother*	Celia May Bennett
6. *Mother's Maiden Name*	Celia May Bass
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father* James	Bennett
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. H. C. Ellis M.D.
Address	315 Lafayette Ave.
Remarks	

RETURN OF A BIRTH. 23577

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 13 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, etc.~~) 1st

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth March 12. 78
4. Place of Birth (Street and Number) 416 Lexington St
5. Full Name of Mother Mary — — Rud
6. Mother's Maiden Name Grinder
7. Mother's Birthplace Balt
8. Full Name of Father Jno Fr Rud
9. Father's Occupation Gas fitter
10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this return D M Gaston M.D.

Address 514 E Fay

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* brown skin
3. *Date of Birth* 12th
4. *Place of Birth (Street and Number)* brewers alley no 24
5. *Full Name of Mother* Charlotte golee
6. *Mother's Maiden Name* Charlotte Smith
7. *Mother's Birthplace* howard County
8. *Full Name of Father* peter golee
9. *Father's Occupation* laborer
10. *Father's Birthplace* richmond va

Name of Medical Attendant, or other Person who makes this Return. L. somerville

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23879

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	
4. Place of Birth (Street and Number)	167 E Eager St
5. Full Name of Mother	Martha Ellen French
6. Mother's Maiden Name	da do Blizzard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael French
9. Father's Occupation	Grinder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whilndge
Address	
Remarks	

RETURN OF A BIRTH.

23880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty of Five Dollars in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	
4. Place of Birth (Street and Number)	70 Argyle Ave
5. Full Name of Mother	Emma Jane
6. Mother's Maiden Name	Dyer.
7. Mother's Birthplace	Balt.
8. Full Name of Father	Wesley B Jane
9. Father's Occupation	Iron Worker
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

RETURN OF A BIRTH.

23881

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 5 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 13 March 1878
4. *Place of Birth (Street and Number)* 261 Park ave
5. *Full Name of Mother* Lizzie Casey
6. *Mother's Maiden Name* Mulvill
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thos Casey
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Tanneyhill

Address 129 W Biddle

Remarks

RETURN OF A BIRTH.

23882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Ale 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 12 298 Central ave 1st B of Mary
4. *Place of Birth (Street and Number)* No 298 Central ave
5. *Full Name of Mother* Mage Vogler
6. *Mother's Maiden Name* Mage Hamper
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jorge Hamper
9. *Father's Occupation* Schemmager
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Sauer

Remarks 113 Hoffert ave

Law Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23883

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colored Race
3. *Date of Birth* marble the 13th 75
4. *Place of Birth (Street and Number)* Theodore St 84 Baltimore
5. *Full Name of Mother* Selinia Ray
6. *Mother's Maiden Name* Selinia Ellen Fry
7. *Mother's Birthplace* Fairfax Co Virginia
8. *Full Name of Father* Wesley Ray
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Harford Co Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Register St 130 Baltimore

Remarks

RETURN OF A BIRTH.

238814

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 13. 1878.
4. Place of Birth (Street and Number)	Baltimore Barre St No 3
5. Full Name of Mother	Bridget Shay
6. Mother's Maiden Name	" Abrihe
7. Mother's Birthplace	Galway, Ireland
8. Full Name of Father	Nicolas Shay
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Galway Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Elizabeth Scarborough
Address	No 220 Montgomery St Balto
Remarks	

RETURN OF A BIRTH.

23885

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third child
1. *Sex (state whether Male or Female)*	Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	13 March
4. *Place of Birth (Street and Number)*	Baltimore Wide street 7
5. *Full Name of Mother*	Katie Matthash
6. *Mother's Maiden Name*	Katie Bender
7. *Mother's Birthplace*	German
8. *Full Name of Father*	John Henry Matthash
9. *Father's Occupation*	Machenist
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Laumler
Address	60 Schroeder
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23886

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th March 1878
4. Place of Birth (Street and Number)	75 Boore St.
5. Full Name of Mother	Elizabeth Strohmann
6. Mother's Maiden Name	" Bordner
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Wm " Strohmann
9. Father's Occupation	Baker
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mary Kolb
Address	328 South Eutaw St
Remarks	

Penalty for Failure to Make Returns in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth March 13th 1878

4. Place of Birth (Street and Number) Baltimore No 8. S. Chester St No 74

5. Full Name of Mother Mary Fowler

6. Mother's Maiden Name " Houston

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John W. Fowler

9 Father's Occupation Huckster

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Margaret A. Davenport.

Address 194 Fayette St.

Remarks

23888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 10th 1915
4. Place of Birth (Street and Number)	2 Little Second St
5. Full Name of Mother	Ellen Eagen
6. Mother's Maiden Name	Ellen Lisey
7. Mother's Birthplace	United States
8. Full Name of Father	Edward Eagen
9. Father's Occupation	Laborer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52. E. Eutaw
Remarks	

Penalty for neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23889

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 13th
4. Place of Birth (Street and Number)	265 Linden Av
5. Full Name of Mother	Catherine Depaw Lovering
6. Mother's Maiden Name	Catherine Wirth
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fred. Lovering
9 Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ryzin Bucklar
Address	135 N Chas St
Remarks	

RETURN OF A BIRTH.

23890

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 13th 1878.
4. Place of Birth (Street and Number)	No 1 Tompton Street.
5. Full Name of Mother	Sophie Neudeil.
6. Mother's Maiden Name	Sophie Belcher.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Paul Neudeil.
9. Father's Occupation	Baker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr. Hildebrick
Address	No 182 E. Monument Street.
Remarks	

The Return of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23891

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 13th 1878.
4. Place of Birth (Street and Number)	No 17 Caroline st.
5. Full Name of Mother	Minnie Weiss.
6. Mother's Maiden Name	Minnie Metzel.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	F. C. Weiss.
9. Father's Occupation	Taylor
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Send Hellquist.
Address	182 E Monument st Balto.
Remarks	

RETURN OF A BIRTH.

23899

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	African Race
3. Date of Birth	March 13 1878
4. Place of Birth (Street and Number)	Baltimore City. Warner st 212
5. Full Name of Mother	Emily Johnson
6. Mother's Maiden Name	Emily Ellis
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Johnson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	
Address	Julia A. Johnson No 212. Warner st Baltimore
Remarks	

Fee 25 cents by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23893

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar 13th 1878
4. Place of Birth (Street and Number)	129 E. Pratt
5. Full Name of Mother	Annie M. Swussa
6. Mother's Maiden Name	Annie M. Leakin
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Albert H. Swussa
9. Father's Occupation	Merchant
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	John T. Conner
Address	986 E. Balt St.
Remarks	

RETURN OF A BIRTH.

23894

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 21 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13th day of March 1878.
4. *Place of Birth (Street and Number)* 76 ~~Preston St.~~ Payson St.
5. *Full Name of Mother* Maria Powars
6. *Mother's Maiden Name* Hambach.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* David Powars.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner.

Address No 45 Monroe St.

Remarks

RETURN OF A BIRTH.

23895

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Kind

1. *Sex (state whether Male or Female)* Knb
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 14ten März
4. *Place of Birth (Street and Number)* No 212 S. Bond Str
5. *Full Name of Mother* Gottlieb Beck
6. *Mother's Maiden Name* Gottlieb Dhein
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Beck
9. *Father's Occupation* Kuyper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Friederike Kaufmann

Address No 289 Easter Str

Remarks Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Penalty for Violation of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23896

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 14. 1878
4. *Place of Birth (Street and Number)* E. Dunhamstr No 233
5. *Full Name of Mother* Karolina Schekob
6. *Mother's Maiden Name* Fuller
7. *Mother's Birthplace* Braunschweig
8. *Full Name of Father* Heinrich Schekob
9. *Father's Occupation* Ingenieur
10. *Father's Birthplace* Ashausen Braunschweig

Name of Medical Attendant, or other Person who makes this return Wm F. Baumbach

Address S. Wolfstr No 28

Remarks Uncertificate

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23897

HEALTH DEPT. MAR 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white race
3. Date of Birth	March 14th
4. Place of Birth (Street and Number)	Baltimore St number [illegible]
5. Full Name of Mother	Laura Hamburg St
6. Mother's Maiden Name	Sunstrom Virginia Poole
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Thomas Poole
9. Father's Occupation	Boiler maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Conway
Address	# 131 Bolton St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2ter Child
1. *Sex (state whether Male or Female)*	Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	14th March 1878
4. *Place of Birth (Street and Number)*	922 East Eutaw st
5. *Full Name of Mother*	Maria Beh.
6. *Mother's Maiden Name*	Mari Waldhüser
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Kilian Waldhüser
9. *Father's Occupation*	Hosiery maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Gerson Levy Kremb
Address	11 East Chappel st Baltimore
Remarks	Healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23899

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

f Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
(state whether Male or Female)	female
ce or Color (if not of the white race)	white
te of Birth	March the 1st
ace of Birth (Street and Number)	locust point Cockrey st
ll Name of Mother	Ellen williams
other's Maiden Name	Ellen magle
ther's Birthplace	Baltimore
ull Name of Father	John williams
ther's Occupation	Laborer
ther's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Hutton
Address	1210 fort av
Remarks	

RETURN OF A BIRTH.

23900

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 19 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 14th Thursday 2 A.M.
4. *Place of Birth (Street and Number)*	No 35 Burke Street
5. *Full Name of Mother*	Anna Rittersack
6. *Mother's Maiden Name*	Anna Meier
7. *Mother's Birthplace*	Schwarzenau, Germany.
8. *Full Name of Father*	Adam Rittersack
9. *Father's Occupation*	Bag Dealer
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Loudia Wiley
Address	112 Patton Park avenue
Remarks	Called in Doctor Taylor

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23901

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 d.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 15th 1878
4. *Place of Birth (Street and Number)*	12 Leimert Lane
5. *Full Name of Mother*	Juli Gratz
6. *Mother's Maiden Name*	Juli Fleisz
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Peter Gratz
9. *Father's Occupation*	Cabinetmaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	M. R. Rudiger
Address	134 S. Bond Street
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23902

HEALTH DEPT MAR 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 rd child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 14 th 1878
4. Place of Birth (Street and Number)	N 256 Baltimore av.
5. Full Name of Mother	Clara Young
6. Mother's Maiden Name	Schroeder
7. Mother's Birthplace	America
8. Full Name of Father	Carl Young
9. Father's Occupation	Carver
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohoefer midwife
Address	213 Cross st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23903

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 14th of March 1878
4. *Place of Birth (Street and Number)* No 2 Calverton Road
5. *Full Name of Mother* Kate Walter
6. *Mother's Maiden Name* Kate Bacher
7. *Mother's Birthplace* born in Hanover Germany
8. *Full Name of Father* Mitter Walter
9. *Father's Occupation* Labrer
10. *Father's Birthplace* born in Prussia Gamany

Name of Medical Attendant, or other Person who makes this Return. Miss. Killer

Address No 57 Linalwood St.

Remarks.

RETURN OF A BIRTH.

23904

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 March 78
4. Place of Birth (Street and Number)	289 N. Bond St.
5. Full Name of Mother	Mary Walters
6. Mother's Maiden Name	" Zink
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Walters
9. Father's Occupation	Confectioner
10. Father's Birthplace	Bath
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 South Exeter St
Remarks	

HEALTH DEPARTMENT MAR 15 1878 BALTIMORE

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	4th March 1878
4. *Place of Birth (Street and Number)*	142 Cherry Lake st Canton
5. *Full Name of Mother*	Anna Sullivan
6. *Mother's Maiden Name*	Anna Coyne
7. *Mother's Birthplace*	Howard Co Md
8. *Full Name of Father*	Cornelius Sullivan
9. *Father's Occupation*	Black Smith
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Mrs Sarah Sullivan
Address	104 Canning st Canton
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

2.3906

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 14th 1878
4. *Place of Birth (Street and Number)* 113 Cork Street
5. *Full Name of Mother* Rebecca Stevens
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Jacob Turner
9. *Father's Occupation* Worksler
10. *Father's Birthplace* Kent Island

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Rasgundy alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That the Registrar of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

23907

MAR 21 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth march 14. 1878
4. Place of Birth (Street and Number) 197 eastern avenue
5. Full Name of Mother Jane coxton
6. Mother's Maiden Name Jane hallsworth
7. Mother's Birthplace England
8. Full Name of Father francis coxton
9. Father's Occupation potter
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this return mary ann rose 153 collington ave

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23908/

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	5 t
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	March 15 1878
4. *Place of Birth (Street and Number)*	N. Wolfe st No 74.
5. *Full Name of Mother*	Maria Helles
6. *Mother's Maiden Name*	Trautner
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Johann Helles
9. *Father's Occupation*	Cigarmaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Wm. H. Bamberger
Address	N. Wolfe st No 28
Remarks	M. Druffe

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

THE RECORD OF THIS BIRTH IS IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23909

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15th March 1897 P.M.
4. *Place of Birth (Street and Number)*	203 Washington Ave
5. *Full Name of Mother*	Mary J. E. Kines
6. *Mother's Maiden Name*	Mary J. E. Dunnigan
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	H. Kines
9. *Father's Occupation*	Expressman
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Kines
Address	203 Washington Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

The Return of Births to the City of Baltimore.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23910

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* March 15th 1878

4. *Place of Birth (Street and Number)* 207 Register St

5. *Full Name of Mother* M. M. Marek

6. *Mother's Maiden Name* K. Muller

7. *Mother's Birthplace* Germany

8. *Full Name of Father* A. Marek

9. *Father's Occupation* Saddler

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Mrs Mary E. Simms

Address

Remarks # 203 Washington Ave

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

PENALTY OF FINE \$100 dollars in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAR 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 15th 1878
4. Place of Birth (Street and Number) E. Lombard 21 122
5. Full Name of Mother Smanthan Elizabetha Smith
6. Mother's Maiden Name Smith
7. Mother's Birthplace Nashville Tennessee
8. Full Name of Father John T. Smith
9. Father's Occupation Locksmith
10. Father's Birthplace Wolverhampton England

Name of Medical Attendant, or other Person who makes this Return. E. C. Baldwin
Address 124 n Exeter st
Remarks

Penalty for Violation of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (ts or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female Child
2. *Race or Color (if not of the white race)* Colored race
3. *Date of Birth* march the 15-18-78
4. *Place of Birth (Street and Number)* Dallis St 82
5. *Full Name of Mother* Anna g Gray
6. *Mother's Maiden Name* Anna C Anderson
7. *Mother's Birthplace* Baltimore m d
8. *Full Name of Father* Eliegh g Gray
9. *Father's Occupation* oysters & hucster
10. *Father's Birthplace* Baltimore m d

Name of Medical Attendant, or other Person who makes this Return. Lucinda Wolford

Address Eggessler St 130 Baltimore md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23913

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	15 March 1875
4. *Place of Birth (Street and Number)*	151 S. Regester St.
5. *Full Name of Mother*	Wilhelmine Christman
6. *Mother's Maiden Name*	Erb
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Edward Christman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrand Miller
Address	151 E Bath St.
Remarks	

RETURN OF A BIRTH.

2.3914

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) White. Male.
2. Race or Color (if not of the white race) White
3. Date of Birth March 15th 1878
4. Place of Birth (Street and Number) Alley above Lloyd between 1st & 2d.
5. Full Name of Mother Magdalena Kalb
6. Mother's Maiden Name Engler
7. Mother's Birthplace Frankendorf Bavaria
8. Full Name of Father John Kalb Germany
9. Father's Occupation Laborer
10. Father's Birthplace Frankendorf Germany

Name of Medical Attendant, or other Person who makes this return Lourdia Wiley

Address No 12 Patterson Park Avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

For Record by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23915

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth May 15 1878
4. Place of Birth (Street and Number) 26 N. Dallas Street
5. Full Name of Mother Mina Herr
6. Mother's Maiden Name M. Keller
7. Mother's Birthplace Baltimore
8. Full Name of Father Jakob Herr
9. Father's Occupation Musiker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return M. R. Rudiger

Address 134 N. Bond Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Penalty for Violation of Section 4 of Ordinance.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23916

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Mar 15
4. Place of Birth (Street and Number)	136 Lay st
5. Full Name of Mother	Ellen Lick
6. Mother's Maiden Name	Ellen Sims
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Steele
9. Father's Occupation	labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	mrs Elizabeth Johnson
Address	no 32 short st
Remarks	healthy Child

RETURN OF A BIRTH.

2.3917

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex (~~state whether Male or Female~~)	
2. Race or Color (~~if not of the white race~~)	White
3. Date of Birth	March 15th 1878
4. Place of Birth (Street and Number)	No 312 Forest Street
5. Full Name of Mother	Annie Lee Boylan
6. Mother's Maiden Name	Annie Lee Worden
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Charles E. Boylan
9. Father's Occupation	Engineer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J. J. Ward M.D
Address	127 St Paul St
Remarks	

RETURN OF A BIRTH.

23718

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) Colored
3. Date of Birth March 15th 1878
4. Place of Birth (Street and Number) Gay St. Extended
5. Full Name of Mother Eliza Walker
6. Mother's Maiden Name
7. Mother's Birthplace Balto St. Md
8. Full Name of Father John Walker
9. Father's Occupation Laborer in Brickyard
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return Ann Campshon
Address 9 union alley
Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

THE REGISTRAR OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.3919

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	9th child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	15th March 1878
4. Place of Birth (Street and Number)	321 W Lexington St
5. Full Name of Mother	Mary Nordhaf
6. Mother's Maiden Name	Mary Wilfsman
7. Mother's Birthplace	Osnabrück (Germany)
8. Full Name of Father	William Nordhaf
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Dersted Hanover (Germany)
Name of Medical Attendant, or other Person who makes this Return.	Dr. H Heltzman M.D.
Address	120 Paca st Baltimore
Remarks	

Penalty for Neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 23920

HEALTH DEPARTMENT
MAR 23 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* (white race)
3. *Date of Birth* 15th, March.
4. *Place of Birth (Street and Number)* 68 2 Lr. Battery Av.
5. *Full Name of Mother* Mary Eliza Roberts.
6. *Mother's Maiden Name* " " Mills
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Thomas Roberts
9. *Father's Occupation* Caulker.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

Address 131 ~~S~~ Battery Av.

Remarks For a prosperous condition

RETURN OF A BIRTH.

23921

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1st

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth March 15th 78.

4. Place of Birth (Street and Number) 236. N Eutaw Ad.

5. Full Name of Mother Addie Sharp.

6. Mother's Maiden Name Addie Hall.

7. Mother's Birthplace Richmond Va.

8. Full Name of Father Lewis Sharp.

9. Father's Occupation Merchant.

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John L. R. Bizzell M.D.

Address

Remarks

Penalty imposed by Public Ordinances of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

239292

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 March
4. *Place of Birth (Street and Number)* No 7 Front St
5. *Full Name of Mother* Amelia Meister
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Emil. Meister
9. *Father's Occupation* Printer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Sophie Simon

Address No 70 County St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23925.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 15th 1878
4. *Place of Birth (Street and Number)*	Baltimore Scotland St. No 171
5. *Full Name of Mother*	Mary Monigan
6. *Mother's Maiden Name*	Coffee
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jonnie Monigan
9. *Father's Occupation*	Brass moulder
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Mrs. C. Mitchell
Address	No 122 Parker st.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Return of this Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.2924

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 15th 1875
4. Place of Birth (Street and Number)	Cor. Bank & Chapel
5. Full Name of Mother	Isabella Wolford
6. Mother's Maiden Name	A. Manchester
7. Mother's Birthplace	Baltimore
8. Full Name of Father	J. Wolford
9. Father's Occupation	Wood Dealer
10. Father's Birthplace	Manchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	R.W. Mansfield M.D.
Address	117 N. Broadway
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23925

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Hazleb
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 16
4. Place of Birth (Street and Number)	No 146 Light Street
5. Full Name of Mother	Katie Landbrook
6. Mother's Maiden Name	Katie Hawhome
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Landbrook
9. Father's Occupation	Restaurant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	This City
Remarks	No 32 Leotaphal Court

See Record of Vital Statistics in the City of Baltimore.

That my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Wht
3. *Date of Birth*	March 16 1878
4. *Place of Birth (Street and Number)*	W. Lanvale ville
5. *Full Name of Mother*	Annie Miller
6. *Mother's Maiden Name*	Annie Jiles
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Miller
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Elizabeth Johnson
Address	
Remarks	476 Conway ave

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23927

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 12th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 16th 1878
4. *Place of Birth (Street and Number)* Baltimore, Nor. 1st Durham St. no number
5. *Full Name of Mother* Annie Cole
6. *Mother's Maiden Name* Annie Randall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamin Cole
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Caligrine Bedford

Address 141 Cleaver St

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23928

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 25 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W. White
3. Date of Birth	March 16th 1878
4. Place of Birth (Street and Number)	No 18 S. First st.
5. Full Name of Mother	Bergetta Tower
6. Mother's Maiden Name	" Wright
7. Mother's Birthplace	Worchester Co. Md.
8. Full Name of Father	Hongo & Tower
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Boston Mass.
Name of Medical Attendant, or other Person who makes this Return.	E. P. Irons M. D.
Address	406 E. Balto. St.
Remarks	Child, well conditioned

RETURN OF A BIRTH. 23929

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 16th 1878
4. Place of Birth (Street and Number)	69. Nabors. Pl.
5. Full Name of Mother	Sarah. A. Wilson
6. Mother's Maiden Name	Sarah. A. Carradine
7. Mother's Birthplace	Friendship Anne Arundell County Md
8. Full Name of Father	Wm. H. Wilson
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Bias
Address	to The Board of Health
Remarks	

Penalty for Neglect to Report to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH
MAR
22
1876
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th March 1876
4. Place of Birth (Street and Number)	99 Eliza th St
5. Full Name of Mother	Maria Moran
6. Mother's Maiden Name	Maria Leonard
7. Mother's Birthplace	Ireland.
8. Full Name of Father	John Moran
9. Father's Occupation	Iron Moulder
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	E. Jones Williams M.D.
Address	No 17 Patapsco Street
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23931

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 16th march 1879
4. *Place of Birth (Street and Number)* West pratt Street No 435
5. *Full Name of Mother* mary thresea Uhland
6. *Mother's Maiden Name* Mary Thresea Rompp
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Eugene Uhland
9. *Father's Occupation* watchmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. C Schlack

Address 489. W Pratt

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23932

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 March
4. *Place of Birth (Street and Number)* 152 Chaptank Street
5. *Full Name of Mother* Lena C. Schultz
6. *Mother's Maiden Name* Baker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frederick Schultz
9. *Father's Occupation* Cap maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Sophie Simon

Address 1071 Gramby St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23933

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 16th 1878
4. Place of Birth (Street and Number)	49 Chew St.
5. Full Name of Mother	Rachel H. Korbs
6. Mother's Maiden Name	Rachel H. Mead
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Jacob E. Korbs.
9. Father's Occupation	Rock Packer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Geo. S. Kinnemon
Address	72 E Pratt St
Remarks	

RETURN OF A BIRTH.

23934

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 March
4. *Place of Birth (Street and Number)* 46 Caroline Street
5. *Full Name of Mother* Lizzie Herche
6. *Mother's Maiden Name* Sieman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Herche
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Sophia Sieman

Address No 70 Granby St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT MAR 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 16 1878
4. *Place of Birth (Street and Number)* 264 um St
5. *Full Name of Mother* ~~William Harvey~~ Jinnie Harvey
6. *Mother's Maiden Name* Jinnie Lin
7. *Mother's Birthplace* Balto city
8. *Full Name of Father* William Harvey
9. *Father's Occupation* Brush Maker
10. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this return Mary Gibb

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23936

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. MAR 22 1878 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st Child

1. *Sex* (*state whether Male or ~~Female~~*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* March the 16. 1878.
4. *Place of Birth* (*Street and Number*) S. Dallas St. No 87
5. *Full Name of Mother* Katharine F. Desch
6. *Mother's Maiden Name* Katharine F. Schaumberg
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Georg. P. Desch
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No 26.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23937

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex (state whether Male or Female)* ~~Weithe~~ Boj
2. *Race or Color (if not of the white race)* Weithe
3. *Date of Birth* 16 Mertz
4. *Place of Birth (Street and Number)* 217 Bond Street
5. *Full Name of Mother* Elizabet Zajdel
6. *Mother's Maiden Name* Bush
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Josn Burg
9. *Father's Occupation*
10. *Father's Birthplace* Bremmen Germany

Name of Medical Attendant, or other Person who makes this return Marie Güttner

Address Wolfe Street 245

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Fees Allowed by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23938

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 17 1873 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17 March 1873
4. *Place of Birth (Street and Number)* 22 Town St.
5. *Full Name of Mother* Anna Hoffman
6. *Mother's Maiden Name* Faubman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Geo. Hoffman
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrand Klee

Address 1516 Watt St.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23939

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. MAR 19 1878 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 17 Mch. 1878
4. *Place of Birth (Street and Number)* 345 Cathedral St
5. *Full Name of Mother* Lizzie Waxter
6. *Mother's Maiden Name* " Spencebanks
7. *Mother's Birthplace* Md
8. *Full Name of Father* Wm Waxter
9. *Father's Occupation* Ice dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanneyhill
Address 129 W Biddle St Balto
Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23940

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 17 th 1878
4. Place of Birth (Street and Number)	N 242 West st.
5. Full Name of Mother	Wilhelmine Pitt
6. Mother's Maiden Name	Honning
7. Mother's Birthplace	America
8. Full Name of Father	August Pitt
9. Father's Occupation	Varnisher
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder mid wife
Address	213 Cross st
Remarks	

Rev. Ordin. of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23941

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	11 of March
4. Place of Birth (Street and Number)	10 Bedford Street
5. Full Name of Mother	Rebecca Sinter
6. Mother's Maiden Name	Rebecca Snowden
7. Mother's Birthplace	Westminster Carroll County
8. Full Name of Father	Ralph Sinter
9. Father's Occupation	Janitor
10. Father's Birthplace	Saint Mary County
Name of Medical Attendant, or other Person who makes this Return.	Mr Patten Stark
Address	42 Sharp Street
Remarks	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.3942

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 17 1875
4. Place of Birth (Street and Number)	48 Caroline St
5. Full Name of Mother	Emma Jones
6. Mother's Maiden Name	Emma Lightenfast
7. Mother's Birthplace	United States
8. Full Name of Father	Frank Jones
9. Father's Occupation	Sergeant of Police
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carper
Address	52 E Lombard
Remarks	

For Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23943

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17th 1878
4. Place of Birth (Street and Number)	300 E. Pratt St.
5. Full Name of Mother	Ann Elizabeth Gardner
6. Mother's Maiden Name	Knox
7. Mother's Birthplace	Charleston S.C.
8. Full Name of Father	George Gardner
9. Father's Occupation	Bank Teller
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Bonn M.D.
Address	406 E. Balto. St.
Remarks	Child, healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23944

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 20 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Cold
3. Date of Birth	March 17 1878
4. Place of Birth (Street and Number)	Gross st no 315
5. Full Name of Mother	henrietta Evans
6. Mother's Maiden Name	Thomas
7. Mother's Birthplace	Chester County
8. Full Name of Father	John Evans
9. Father's Occupation	Laborer
10. Father's Birthplace	Chester County
Name of Medical Attendant, or other Person who makes this Return.	Evangeline Wilson 315 Gross
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23945

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 26 1878

BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colld
3. *Date of Birth* March 11th 1878
4. *Place of Birth (Street and Number)* West St no 328
5. *Full Name of Mother* Mary Mashuta
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Mashuta
9. *Father's Occupation* Occupation Fisherman
10. *Father's Birthplace* Baltimore Co

Name of Medical Attendant, or other Person who makes this Return. Angeline Wilson 373 Lee

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23946

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)	4 te
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	March 17. 1878
4. *Place of Birth (Street and Number)*	O Pratt str No 364
5. *Full Name of Mother*	Amelia Scheve
6. *Mother's Maiden Name*	Bell
7. *Mother's Birthplace*	Harford County
8. *Full Name of Father*	Joseph Scheve
9. *Father's Occupation*	Walkmann
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs Johanna Laupach
Address	South Wolf str No 28
Remarks	Mr. Fuke

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23947

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17 18
4. Place of Birth (Street and Number)	#444 Canton Ave
5. Full Name of Mother	Barbara Klingelhofer
6. Mother's Maiden Name	Barbara Friedrich
7. Mother's Birthplace	Baltimore
8. Full Nome of Father	Jacob Klingelhofer
9. Father's Occupation	~~Holland~~ Shoemaker
10. Father's Birthplace	Holland
Name of Medical Attendant, or other Person who makes this Return.	M. Lodczer
Address	25 S. Durham St
Remarks	

Each Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23948

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 17/78
4. Place of Birth (Street and Number)	#48 N. Chapel St.
5. Full Name of Mother	Franziska Straus
6. Mother's Maiden Name	Franziska Schaffer
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Konrad Straus
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Dr. Ledger
Address	25 S. Durham St.
Remarks	

Red Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

239149

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 17th
4. *Place of Birth (Street and Number)* No 31 S. Bethel st
5. *Full Name of Mother* Annie Buddenbaum
6. *Mother's Maiden Name* Sprechen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ferdinand Buddenbaum
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S. Bond st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23950

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Penalty for Failure to Report Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or otherwise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Skolena Baltimore 3d
1. Sex (state whether Male or Female)	Baltimore
2. Race or Color (if not of the white race)	It is White Race
3. Date of Birth	1st March 1877
4. Place of Birth (Street and Number)	Baltimore Chapple St No 45
5. Full Name of Mother	aney Skoler
6. Mother's Maiden Name	aney Retner
7. Mother's Birthplace	Skolen
8. Full Name of Father	Lone Retner
9. Father's Occupation	Kolor
10. Father's Birthplace	Skolen
Name of Medical Attendant, or other Person who makes this Return.	Joseph Kunkish
Address	
Remarks	No 69 Fishton St

RETURN OF A BIRTH.

23951

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 17th 1878
4. *Place of Birth (Street and Number)* 110 N. Eutaw St
5. *Full Name of Mother* Agnes Merriweather
6. *Mother's Maiden Name* Agnes Mrs Hbee
7. *Mother's Birthplace* Martinsburgh, Virginia
8. *Full Name of Father* Henry Merriweather
9. *Father's Occupation* Civil Engineer
10. *Father's Birthplace* Philadelphia, Penna.

Name of Medical Attendant, or other Person who makes this return John Morris, Jr, M.D.

Address No. 5 Franklin St. Baltimore, Md.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23952

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 17th 1878 March 17 1878
4. *Place of Birth (Street and Number)* No 51 Penn Street
5. *Full Name of Mother* Augusta Landsmen
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore County Md
8. *Full Name of Father* Robert Landsmen
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kent England

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ver Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23953

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Two

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 17 1878
4. *Place of Birth (Street and Number)* Leach Fill bet Gay and Bradford alley
5. *Full Name of Mother* Mary A Bradley
6. *Mother's Maiden Name* Mary A Bradley
7. *Mother's Birthplace* New York
8. *Full Name of Father* Andrew Bradley
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E Ball

Address No 171 South Chester St

Remarks

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23954

MAR 21 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 20th 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 17th 1878
4. *Place of Birth (Street and Number)* 396 Eastern Ave
5. *Full Name of Mother* Lizzie Poetter
6. *Mother's Maiden Name* Lizzie Beckmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Poetter
9. *Father's Occupation* Wheelright
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Drs. Drury & Arend

Address No. 137 Wolfe St.

Remarks ——

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

239526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 17th 1878
4. *Place of Birth (Street and Number)* William Street. No 234.
5. *Full Name of Mother* Eliza Thurmann
6. *Mother's Maiden Name* Eliza Middendorf.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Bernhard Thurmann
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Dorothea Bruene

Address 114 Battery Av.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rrect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23956

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 18th 1875
4. *Place of Birth (Street and Number)*	Hampstead
5. *Full Name of Mother*	Marie Figlum
6. *Mother's Maiden Name*	Mrs. Weichel
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Leonhardt Figlum
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mr. Dr. Rudiger
Address	134 S. Bond Street
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23957

1141

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1878
4. Place of Birth (Street and Number)	232 Battery Avenue
5. Full Name of Mother	Rebecca Lyell
6. Mother's Maiden Name	Rebecca Mitchell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Lyell
9. Father's Occupation	Engineer Fire Department
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23958

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 2d Md.
1. Sex (state whether Male or Female)	Baltimore Md.
2. Race or Color (if not of the white race)	M if White Race.
3. Date of Birth	18 March 1878.
4. Place of Birth (Street and Number)	Baltimore Washington Ave 67
5. Full Nome of Mother	Kate Suldun.
6. Mother's Maiden Name	Kate hinne
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Charly hinne.
9. Father's Occupation	Cigmer
10. Fother's Birthplace	Baltimore
Nome of Medical Attendant, or other Person who makes this Return.	Joseph Kinyon
Address	67
Remarks	Washington Ave Baltimore Md.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23939

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 8th 78
4. *Place of Birth (Street and Number)* 128 Pearl Street
5. *Full Name of Mother* Abiga Walker
6. *Mother's Maiden Name* Abigail Mayo
7. *Mother's Birthplace* Troll Co
8. *Full Name of Father* James Walker
9. *Father's Occupation* Waiters
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. D R Baker

Address 66 Cider alley

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born at one or their physical condition, whether still born or not, the full name, nativity, and residence of the parent, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

23960

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second. Minnie Eindl

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 18th Day of March 1878.

4. Place of Birth (Street and Number) 445 West Lombard St.

5. Full Name of Mother Minnie Pohlmann Eindl

6. Mother's Maiden Name Minnie Pohlmann

7. Mother's Birthplace Baltimore.

8. Full Name of Father Charles Eindl

9. Father's Occupation Baker.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. C Leetack 489 W. Pratt

Address

Remarks

RETURN OF A BIRTH.

23961

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within twenty days, to the Registrar of Baltimore, such report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 5th 1878
4. Place of Birth (Street and Number)	No 4 Clarks Court
5. Full Name of Mother	Henrietta Janvay
6. Mother's Maiden Name	Henrietta Gassaway
7. Mother's Birthplace	Eastern Shore Md
8. Full Name of Father	Charles Robison
9. Father's Occupation	Furniture Business
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stubbs
Address	No 42 Sharp Street
Remarks	

RETURN OF A BIRTH.

23962

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 18th 1878
4. Place of Birth (Street and Number)	18 Boulden Alley
5. Full Name of Mother	Agnes McDonald
6. Mother's Maiden Name	" Stapleton
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas McDonald
9. Father's Occupation	Porter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Chas. Fawcett M.D.
Address	92 Mosher St
Remarks	

rect Record of Vital Statistics in the City of Ba...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

23963

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1978 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd,

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Black

3. Date of Birth March 8, 1878.

4. Place of Birth (Street and Number) 195 Sara Ann,

5. Full Name of Mother Rosa Hall,

6. Mother's Maiden Name Scott,

7. Mother's Birthplace St Marys Co Md.

8. Full Name of Father Alexander Hall,

9 Father's Occupation Laborer.

10. Father's Birthplace Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr W. P. Morgan

Address 175 Saratoga st.

Remarks

Penalty Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

239614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Margrett Henderson

1. *Sex* (state whether ~~Male~~ or *Female*)
2. *Race or ~~Color~~* (if not of the white race)
3. *Date of Birth* March 18 1875
4. *Place of Birth* (Street and Number) No 1 Bell Alley
5. *Full Name of Mother* Margrett Henderson
6. *Mother's Maiden Name* the Same as above
7. *Mother's Birthplace* Island
8. *Full Name of Father* Dont Know
9. *Father's Occupation* non Ex
10. *Father's Birthplace* non Ex

Name of Medical Attendant, or other Person who makes this Return. Thos Ruth md

Address No 23 Beath St

Remarks non

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23965

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* [illegible]
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* [illegible]
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks [illegible]

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

23966

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 18th 1878
4. Place of Birth (Street and Number) No 152 Madery alley.
5. Full Name of Mother Dorethea Dietz
6. Mother's Maiden Name " Collar
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Dietz
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Bushmann

Address 120 Bank ste.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23967

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 18th 1878
4. *Place of Birth (Street and Number)* 264 East Chase St.
5. *Full Name of Mother* Sarah Hemphill
6. *Mother's Maiden Name* Sarah Burns,
7. *Mother's Birthplace* Mount Savage, Md
8. *Full Name of Father* Jas. Hemphill
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address No. 5 Franklin St. Baltimore, Md.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23968

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 18th 1878
4. *Place of Birth (Street and Number)* No 175 S. Eden Str.
5. *Full Name of Mother* Mina Kimble
6. *Mother's Maiden Name* " Heddon
7. *Mother's Birthplace* City.
8. *Full Name of Father* George Kimble
9. *Father's Occupation* Tailor
10. *Father's Birthplace* City.

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Bushmann

Address 120 Bank Str

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23969

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 18th 1878
4. *Place of Birth (Street and Number)* No. 21 N. Smith st
5. *Full Name of Mother* Louisa Stuart
6. *Mother's Maiden Name* Louisa Schuster
7. *Mother's Birthplace* Balto. Md
8. *Full Name of Father* Henry Anthony Stuart
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Balto. Md

Name of Medical Attendant, or other Person who makes this Return.

Address Anne Dunbar 60 Lexington

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23970

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 8th 1878
4. *Place of Birth (Street and Number)*	No 17 Cambridge Str W
5. *Full Name of Mother*	R. A. C. Pierce
6. *Mother's Maiden Name*	R. A. Corns
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Thomas H. Pierce
9. *Father's Occupation*	Builder
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Simms
Address	No 203 E Washington St.
Remarks	

Every Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

23971

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 18th 1878
4. *Place of Birth (Street and Number)* 27 McCulloh str.
5. *Full Name of Mother* Margaretta Colburn
6. *Mother's Maiden Name* Margaretta Elcanorith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamin Elcanorith
9. *Father's Occupation* Peddler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Charlotte Wilson

Address 38 Forrest st City

Remarks

Form of Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23972

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	Month 19th 1878
4. Place of Birth (Street and Number)	Harrison St 49
5. Full Name of Mother	Henriquende North
6. Mother's Maiden Name	" Neuberger
7. Mother's Birthplace	Christopher North
8. Full Name of Father	Prussia
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. Ulby
Address	48 Holland St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23973

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 3d child
1. Sex (state whether Male or Female)	Baltimore Md
2. Race or Color (if not of the white race)	At St Male Ba.
3. Date of Birth	19 March 1878
4. Place of Birth (Street and Number)	Baltimore Dorham 2d Flr 220
5. Full Name of Mother	Lois Shannon Shell
6. Mother's Maiden Name	Lois Stroh
7. Mother's Birthplace	Brooklyn
8. Full Name of Father	Lois Stroh
9. Father's Occupation	Tailor
10. Father's Birthplace	Switzerland
Name of Medical Attendant, or other Person who makes this Return	M. D.
Address	
Remarks	69 Hudson St

RETURN OF A BIRTH.

23974

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth March 19th 1878.
4. Place of Birth (Street and Number) Cor Gilmor & Saratoga Sts.
5. Full Name of Mother Carrie Rathbun
6. Mother's Maiden Name Redinger
7. Mother's Birthplace Baltimore County.
8. Full Name of Father James B. Rathbun.
9. Father's Occupation Carpenter.
10. Father's Birthplace Cheraton Town.

Name of Medical Attendant, or other Person who makes this Return. L. Walton White M.D.
Address 30 N. Gilmor St.
Remarks (Child Healthy.)

Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of a child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, in writing distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

REGISTRAR OF VITAL STATISTICS BALTIMORE

23975

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 19th 1875
4. Place of Birth (Street and Number)	243 Eastern Ave
5. Full Name of Mother	Margaret Schubert
6. Mother's Maiden Name	Margaret Schubert
7. Mother's Birthplace	United States
8. Full Name of Father	Frederick Schubert
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cabor
Address	526 E. Lombard
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23976

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1ste

1. Sex (state whether Male or Female) Weiblich

2. Race or Color (if not of the white race)

3. Date of Birth 19. März 1898

4. Place of Birth (Street and Number) Gaffron Am 184

5. Full Name of Mother Elisabeth Marx

6. Mother's Maiden Name Jansen

7. Mother's Birthplace Baltimore

8. Full Name of Father Johann Marx

9. Father's Occupation Tagelöhner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louise Kraft.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23977

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name- Hugh Frazier Parker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 17th 1878
4. Place of Birth (Street and Number) 299 N. Monroe St
5. Full Name of Mother Hannah E. Parker
6. Mother's Maiden Name Hannah E. Prior
7. Mother's Birthplace Baltimore
8. Full Name of Father Hugh F. Parker
9. Father's Occupation Wood Turner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mary A. Attwell

Address 256 N. Monroe st

Remarks GIVEN NAME ADDED 6-24-52

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23978

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 19th 1878
4. Place of Birth (Street and Number)	Biddle street.
5. Full Name of Mother	Mary Degenhardt.
6. Mother's Maiden Name	Mary Eisenhardt
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Joseph R. Degenhardt.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dena Hillegeist.
Address	No. 182. E. Monument E. street
Remarks	

rrect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23979

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Lac Colored
3. *Date of Birth* " 19
4. *Place of Birth (Street and Number)* 44 Jefferson St
5. *Full Name of Mother* Bache Sommerville
6. *Mother's Maiden Name* Rachel Locks
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Somerville
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary L Barber

Address 67 Jefferson St

Remarks

not reg

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23980

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th March
4. Place of Birth (Street and Number)	No 212 N. Eden st
5. Full Name of Mother	Lena Millinger
6. Mother's Maiden Name	Lena Heilbrun
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Philipp Gustav Millinger
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Walle
Address	125 N Caroline
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23981

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 2 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 19th 1878
4. *Place of Birth (Street and Number)* No. 112 Chew str.
5. *Full Name of Mother* Eliza ~~Barger~~ Abrams
6. *Mother's Maiden Name* " Bilger
7. *Mother's Birthplace* City
8. *Full Name of Father* James R. P. Abrams
9. *Father's Occupation* ships Carpenter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this return Mrs. Elizabetha Buchmann

Address 120 Bank st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23982

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 20 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 19th 1878
4. *Place of Birth (Street and Number)* 374 Bond St
5. *Full Name of Mother* Sophia Ebert
6. *Mother's Maiden Name* Sophia Grauting
7. *Mother's Birthplace* America
8. *Full Name of Father* John Ebert
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this return Mrs Mary Arnold

Address No 131 Wolfe St

Remarks ~ 11

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23983

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 21 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth 14th day of March 1879.
4. Place of Birth (Street and Number) No 8153½ W. Pratt St. Balto. Md
5. Full Name of Mother Kati. Fahler.
6. Mother's Maiden Name " Pansel.
7. Mother's Birthplace Hessenderfstat.
8. Full Name of Father Herman. Fahler.
9. Father's Occupation Coalyman.
10. Father's Birthplace West Fahlen.

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 45 Monroe St. Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

239811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.) .....

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 19. 1878
4. *Place of Birth (Street and Number)* 2 E Baegtel str 321
5. *Full Name of Mother* Elisabeth Schoenlein
6. *Mother's Maiden Name* Oldebuttel
7. *Mother's Birthplace* Borum Hanover
8. *Full Name of Father* Lorenz Schoenlein
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Herrsdorf Bayern

Name of Medical Attendant, or other Person who makes this return Mrs Johanna Baupach

Address South Wolfe str 1028

Remarks Mr Dwyer

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Registrar's Instructions to the Public.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Registrar's Instructions to Undertakers.

That any undertaker who shall bury the body of a child, or cause the same to be buried, without a full and correct Record of Vital Statistics in the City of Baltimore.

23985

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female).* female
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* March 17.
4. *Place of Birth (Street and Number)* Baltimore Elbow lane in the rear
5. *Full Name of Mother* allice mason
6. *Mother's Maiden Name* allice Broom
7. *Mother's Birthplace* talbert county
8. *Full Name of Father* frank mason
9. *Father's Occupation* drayman
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary ann Dorsey

Address Elbow lane No 108

Remarks five dollars

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14 March 1878
4. *Place of Birth (Street and Number)* 52 President St.
5. *Full Name of Mother* Elisabetha Lotz
6. *Mother's Maiden Name* Speyth
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Nicolaus Lotz
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gerhard Miller

Address 157 E. Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23987

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
Sex (state whether Male or Female)	female
Race or Color (if not of the white race)	white race
Date of Birth	March the 19th
Place of Birth (Street and Number)	Baltimore randall st
Full Name of Mother	Ebey Bell walch
Mother's Maiden Name	Ebey Bell Jackson
Mother's Birthplace	Baltimore
Full Name of Father	Joseph walch
Father's Occupation	Laborer
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Kalbaer
Address	fort ave No 140
Remarks	

RETURN OF A BIRTH.

23788

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 19th 1878
4. *Place of Birth (Street and Number)* No 57 Conway St Baltimore Md
5. *Full Name of Mother* Mrs Mary Lydia Young.
6. *Mother's Maiden Name* Mary L. Edmunds
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles, M. Young
9. *Father's Occupation* Clerk
10. *Father's Birthplace* York. Penn.a

Name of Medical Attendant, or other Person who makes this Return. Mrs Dumbler No 60 N Schroeder St

Address

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...tours of Health to secure a fair and

RETURN OF A BIRTH.

23989

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 20th 1875
4. Place of Birth (Street and Number)	49 Gough St
5. Full Name of Mother	Lizzie Hillers
6. Mother's Maiden Name	Lizzie Howe
7. Mother's Birthplace	United States
8. Full Name of Father	Henry Hillers
9. Father's Occupation	Carpenter
10. Father's Birthplace	U States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Eutaw
Remarks	

Penalty. Registrars of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23990

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 20th 1875
4. Place of Birth (Street and Number)	6 Flowmarket St
5. Full Name of Mother	Fat Pfleught
6. Mother's Maiden Name	Fat Grabers
7. Mother's Birthplace	Italy
8. Full Name of Father	Fatta Pfleught
9. Father's Occupation	Fruit Merchant
10. Father's Birthplace	Italy
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2.2991

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 10th 1878.
4. *Place of Birth (Street and Number)* No 8. Forrest Street
5. *Full Name of Mother* Catherine ~~Klick~~ (Schaare)
6. *Mother's Maiden Name* Catherine Stricker
7. *Mother's Birthplace* Hanover Germany.
8. *Full Name of Father* Fredrick ~~Klick~~ Schaare
9. *Father's Occupation* Driver of a Bar. Waggon
10. *Father's Birthplace* Russia Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Britt

Address No 185 E. Corner of Monument & Caroline ave.

Remarks Died March the 27. 1878. with Spasms.

rrect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23992

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 26th 1895
4. *Place of Birth (Street and Number)* 4 Whitaker st
5. *Full Name of Mother* Mary Suter
6. *Mother's Maiden Name* Beck
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Rudolf Suter
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Rose Anne Kissinger

Address 222 Preston st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 20th 78
4. *Place of Birth (Street and Number)* 93 Myrtle ave
5. *Full Name of Mother* Elizabeth Meyer
6. *Mother's Maiden Name* Roehe
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John Meyer
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Mrs Anne Kinsley

Address 226 Preston st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

239911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) W. M.
3. Date of Birth Twentieth of March
4. Place of Birth (Street and Number) Baltimore William Feb. 1858
5. Full Name of Mother Margaret Smith
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm Oliver Smith
9. Father's Occupation Boiler Maker
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Wm Conway
Address 131 battery
Remarks

RETURN OF A BIRTH. 23995

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 20 78
4. *Place of Birth (Street and Number)* No 202 E Lombard St
5. *Full Name of Mother* Josephine Harrington
6. *Mother's Maiden Name* Tilghman
7. *Mother's Birthplace* Dorchester County Md
8. *Full Name of Father* Henry Albert Harrington
9. *Father's Occupation* Seamond
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah T Harrington

Address No 316 Canton Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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23996

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH D. APR 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* ~~Co Eighth~~ Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 20 1878
4. *Place of Birth (Street and Number)* 49 Orchard street
5. *Full Name of Mother* Mary E. Ringold
6. *Mother's Maiden Name* Mary E. Cath
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Daniel T. Ringgold
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Hester Bordley Doctress

Address 85 Orchard street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

23997

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* ~~March 1st~~ March 20th 1896
4. *Place of Birth (Street and Number)* 302 Webb St
5. *Full Name of Mother* Lizzie Gardner
6. *Mother's Maiden Name* Lizzie Webb
7. *Mother's Birthplace* Balto city
8. *Full Name of Father* William Gardner
9. *Father's Occupation* Can Worker
10. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this return Mary Webb

Address 99 Lancaster St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23998

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. March 21 4th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth March 20 4th 1878.
4. Place of Birth (Street and Number) 223 Register St.
5. Full Name of Mother Lizzie Robetz.
6. Mother's Maiden Name Lizzie Kessich.
7. Mother's Birthplace America.
8. Full Name of Father Charles Robetz.
9. Father's Occupation Police.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this return Mrs. Mary Amund.

Address No. 127 Wolfe St

Remarks None.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23999

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mch 20th 1878
4. Place of Birth (Street and Number)	Mch 552 S Charles st
5. Full Name of Mother	Mrs Catherine Marshall
6. Mother's Maiden Name	Balto Mrs C Baiser
7. Mother's Birthplace	Balto
8. Full Name of Father	Mr Charles Marshall
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann. Grush
Address	
Remarks	

RETURN OF A BIRTH.

24000

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* March 20 ~~1900~~
4. *Place of Birth* (Street and Number) 140 Johnson st
5. *Full Name of Mother* Margret Lawton
6. *Mother's Maiden Name* Walton
7. *Mother's Birthplace* Balto md
8. *Full Name of Father* Chas H Lawton
9. *Father's Occupation* Boiler maker
10. *Father's Birthplace* Balto md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24001

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Mch 20

4. Place of Birth (Street and Number) 234 William st

5. Full Name of Mother Hannah Jane ~~Father~~ Dorsey

6. Mother's Maiden Name " "

7. Mother's Birthplace Balto Md

8. Full Name of Father Charles Hammond Dorsey

9. Father's Occupation Engineer

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2,4002

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 292 Augusta
4. *Place of Birth (Street and Number)* 20th of March.
5. *Full Name of Mother* M. Heimbler
6. *Mother's Maiden Name* M. Baker
7. *Mother's Birthplace* Germany
8. *Full Name of Father* C. Heimbler
9. *Father's Occupation* Fur Cabinet maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Walle

Address 125 N. Lawrence

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 24003

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Male, 2 child

1. Sex (state whether Male or ~~Female~~) Male
2. Race or Color (if not of the white race) 20 March
3. Date of Birth C/o C Plowman st
4. Place of Birth (Street and Number) Fort Jelenda
5. Full Name of Mother Isabelle
6. Mother's Maiden Name Allen
7. Mother's Birthplace
8. Full Name of Father Rapa Jelenda
9. Father's Occupation Fruit Merchant,
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Sarah Carper

Address 52 E Lombard

Remarks Died 21 March on workhouse

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

240014

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 of March
4. Place of Birth (Street and Number)	Gross St. near Leigth St.
5. Full Name of Mother	Mary Schafer
6. Mother's Maiden Name	Mary Schwreigth
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Michael Schafer
9. Father's Occupation	Laborar
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sabina Grishaber
Address	N° 124 West St Baltimor Md.
Remarks	Joseph Grishaber

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24005

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAR 27 1878
BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 20. 1878
4. *Place of Birth (Street and Number)* N. Warschington str No 218
5. *Full Name of Mother* Margaretha Bach
6. *Mother's Maiden Name* Merkelny
7. *Mother's Birthplace* Merkelzel Kur Hessen
8. *Full Name of Father* Johann Bach
9. *Father's Occupation* Brummaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Ms. Johanny Koupach

Address South Wolf str No 28

Remarks Midwife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24006

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 15 March 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Born Live
4. *Place of Birth (Street and Number)* 140 Harrys Street
5. *Full Name of Mother* Alice Sims
6. *Mother's Maiden Name* Alice Chace
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Peter Sims
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Andrew Waldron

Address No number Cross Street

Remarks

RETURN OF A BIRTH.

24-007

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Second Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* born March 20th 1878.
4. *Place of Birth (Street and Number)* Saboagh. No. 25
5. *Full Name of Mother* Mary Catherine Mears. Mears
6. *Mother's Maiden Name* Mary Catherine Blake.
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Isaac. C mears
9. *Father's Occupation* Sailor rising.
10. *Father's Birthplace* Accomac County, Virginia.

Name of Medical Attendant, or other Person who makes this Return. Sophie Hinds. 135 chestnut st.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24008

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female 1st one male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March the 30 1876
4. *Place of Birth (Street and Number)* Forest St 1632
5. *Full Name of Mother* Harriet Wilson
6. *Mother's Maiden Name* Hazelop
7. *Mother's Birthplace* eastern Shore virginia
8. *Full Name of Father* John T Wilson
9. *Father's Occupation* Butler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Shurtcliff Sutton

Address Forest St No 32

Remarks all Well

HEALTH DEPARTMENT MAY 29 1876 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

04009

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

MAR 26 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 march
4. Place of Birth (Street and Number)	37 monument St
5. Full Name of Mother	Margaret Hanlin
6. Mother's Maiden Name	Gately
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Hanlin
9. Father's Occupation	car driver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula Gleissner
Address	No 7 Forrest Place
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 of March 11
4. Place of Birth (Street and Number)	No. 4 Randel St.
5. Full Name of Mother	Margaretha Demeck
6. Mother's Maiden Name	Margaretha Frank
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Jakob Demeck
9. Father's Occupation	Laborar
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Dr. Sabina Greishaber
Address	128 West St, Baltimore Md
Remarks	Joseph Greishaber

RETURN OF A BIRTH.

24011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st male,
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White "
3. Date of Birth	21 of March
4. Place of Birth (Street and Number)	138 West St. Baltimore Md.
5. Full Name of Mother	Lizzie Schirmer
6. Mother's Maiden Name	Lizzie Volk
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Schirmer, Baltimore
9. Father's Occupation	Skinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss. Sabina Grishaber
Address	Sabina Grishaber 128 West St Baltimore Md
Remarks	Joseph Grishaber

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24012

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mar. 21 1878
4. *Place of Birth (Street and Number)* 178 Bank Street
5. *Full Name of Mother* Kate Lohmuller
6. *Mother's Maiden Name* " De Pape
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Dietrich Lohmuller
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return James C. K. Shaw, M.D.

Address 68 S. Broadway

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24013

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth March 21st 1878
4. Place of Birth (Street and Number) Ridley Street near Harma
5. Full Name of Mother Mathilda Smith - Bridge
6. Mother's Maiden Name Mathilda Colschol
7. Mother's Birthplace Germany
8. Full Name of Father Charles Smith
9. Father's Occupation Glass blower
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Dorotheal Braun

Address 114 Bailey St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24074

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 15 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 27 1878
4. *Place of Birth (Street and Number)* 54 ~~Lee~~ Lawr dlley
5. *Full Name of Mother* Anna Shields
6. *Mother's Maiden Name* Anna Saunders
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Sheppard Shields
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return Hester Bradley Doctress

Address 85 Orchard stred

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24015

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st 1/1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21st 1878
4. Place of Birth (Street and Number)	21 E Fairfield St
5. Full Name of Mother	Georgeanna Frazier
6. Mother's Maiden Name	Georgeanna Dowle
7. Mother's Birthplace	Virginia
8. Full Name of Father	Geo E Frazier
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24016

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 2 1878
4. Place of Birth (Street and Number)	105. Dallas St.
5. Full Name of Mother	Ruvigunda Robert
6. Mother's Maiden Name	Rudigunda Mertz
7. Mother's Birthplace	Bavaria
8. Full Name of Father	George Robert
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Dr. Ledderer
Address	25 S. Durham St.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 21st March 1878

4. *Place of Birth (Street and Number)* Monument & Bradford alley

5. *Full Name of Mother* Elizabeth A Stout

6. *Mother's Maiden Name* Elizabeth A Battle

7. *Mother's Birthplace* Baltimore County

8. *Full Name of Father* Martain V Stout

9. *Father's Occupation* Engineman

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs. Margaretta F. Mann

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...the Registrar of Vital Statistics in the City of Baltimore, by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24018

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Male 2 Female 2
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 of March
4. Place of Birth (Street and Number)	No 132 Battry Avenue
5. Full Name of Mother	Elizabeth Galvin
6. Mother's Maiden Name	Elizabeth Burke
7. Mother's Birthplace	Kerry County Irland
8. Full Name of Father	Patrick Galveon
9. Father's Occupation	Laborar
10. Father's Birthplace	Irland Kerry County
Name of Medical Attendant, or other Person who makes this Return.	Miss Sabina Geisbacc
Address	
Remarks	No 128 West Fl Baltimore Md.

Section 4 requires the Return of the Birth to be made to the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24019

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

MAR 27 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 21st 1878
4. Place of Birth (Street and Number)	No 302 Sharp st
5. Full Name of Mother	Jennie Kertel
6. Mother's Maiden Name	Nott
7. Mother's Birthplace	America
8. Full Name of Father	Ferdinand Kertel
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaaser midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...ions of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

24020

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 8te

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 21. 1878
4. *Place of Birth (Street and Number)* South Register Str No 191
5. *Full Name of Mother* Barbara Matel
6. *Mother's Maiden Name* Hefler
7. *Mother's Birthplace* Unterschwarach Bevern
8. *Full Name of Father* Peter Matel
9. *Father's Occupation* Horsetrader
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Johanna Brauereich

Address South Wolfe Str No 26

Remarks Midwife

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

It is the duty of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 21st 1878
4. Place of Birth (Street and Number)	S. E. Cor. Gough & Washington
5. Full Name of Mother	Annie Strole
6. Mother's Maiden Name	Annie
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Francis Strole
9. Father's Occupation	Druggist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	R. F. Hamilton M.D.
Address	117 S. Broadway
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

D14022

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 21st 1878
4. Place of Birth (Street and Number)	No. 407 Canton Ave.
5. Full Name of Mother	Sophia Finkland
6. Mother's Maiden Name	Sanders
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Finkland
9. Father's Occupation	Bleachmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D.
Address	117 S. Broadway
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

This any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21023

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Thursday March 21st 1878
4. Place of Birth (Street and Number)	213 Constitution St.
5. Full Name of Mother	Ellen Morton,
6. Mother's Maiden Name	Ellen Hallet.
7. Mother's Birthplace	Massachusetts
8. Full Name of Father	Chas H. Morton,
9. Father's Occupation	Machinist.
10. Father's Birthplace	Massachusetts.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Fenton M.D.
Address	25 ~~Hanover~~ Freemont Ave,
Remarks	"Vertex Presentation"

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24024

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	first
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 21 1898
4. *Place of Birth (Street and Number)*	315 E. John St
5. *Full Name of Mother*	Katie Didusch
6. *Mother's Maiden Name*	Katie Dölsch
7. *Mother's Birthplace*	Kommat Bavary (Germany)
8. *Full Name of Father*	Joseph Martin Didusch
9. *Father's Occupation*	Sculptor
10. *Father's Birthplace*	Munich Bavary (Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anne Dunkle 160 Schroeder St
Remarks	

Penalty for neglect of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24025

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) ~~2~~ 4 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Thursday 21 March
4. *Place of Birth (Street and Number)* 180 George Street
5. *Full Name of Mother* Emilia Herz
6. *Mother's Maiden Name* Rauscher
7. *Mother's Birthplace* 205 Saratoga
8. *Full Name of Father* Henry Herz
9. *Father's Occupation* Baker
10. *Father's Birthplace* Hessen Darmstadt.

Name of Medical Attendant, or other Person who makes this Return.

Address Miss Anna Dumler 60 Schroeder

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

24026

1111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 21st 1878
4. Place of Birth (Street and Number)	21 Rockeller
5. Full Name of Mother	Jessie Gallagher
6. Mother's Maiden Name	Jessie Trendel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Gallagher
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

That the Return required by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24027

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar 21st 1878.
4. Place of Birth (Street and Number)	257 S Sharp Street
5. Full Name of Mother	Mary A Welch
6. Mother's Maiden Name	Mary A Walsh
7. Mother's Birthplace	Va
8. Full Name of Father	Thos A Welch
9. Father's Occupation	Clerk
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Emaline Upsher
Address	
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

24028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) ____

1. *Sex (~~state whether Male or~~ Female)* ____
2. *Race or Color (~~if not of the~~ white race)* ____
3. *Date of Birth* March 22nd 1878
4. *Place of Birth (Street and Number)* No 281 E Fayette
5. *Full Name of Mother* Margaret A Gage
6. *Mother's Maiden Name* ~~A~~ Younger
7. *Mother's Birthplace* Balto city
8. *Full Name of Father* Edgar L Gage
9. *Father's Occupation* Edge Tools Manufacturer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. J. Whitridge Andrew M.D.

Address 1011 E Balto St

Remarks ____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24029

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 & child

1. Sex (state whether Male or Female) Male & child
2. Race or Color (if not of the white race) Colored
3. Date of Birth On the 22 of March
4. Place of Birth (Street and Number) 14 3 York St
5. Full Name of Mother Mary P Floyd
6. Mother's Maiden Name Mary Patterson
7. Mother's Birthplace Eastern Shore MD
8. Full Name of Father Jacob Henry Floyd
9. Father's Occupation Porter On Store
10. Father's Birthplace N Anthen County Va

Name of Medical Attendant, or other Person who notes this return Mollie Gross

Address 181 York St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

240 30

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. d

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* March 22 1878

4. *Place of Birth (Street and Number)* Lurs Alley No 48

5. *Full Name of Mother* Sophia Smith

6. *Mother's Maiden Name* Sophia Boehnlein

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Charles Smith

9. *Father's Occupation* Laborer.

10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this return Dorothea Brune

Address 114 Bailey Av.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Duty of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24031

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	22nd March 1874
4. *Place of Birth (Street and Number)*	2 East Monument st
5. *Full Name of Mother*	Maggie Zelman
6. *Mother's Maiden Name*	Maggie Rosenthal
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	August Rosenthal
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Clarence Kunkel
Address	11 North Chapel st
Remarks	Peter Kunkel

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24032

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	female ETHEL ELIZABETH
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mch. 22nd. 1898
4. Place of Birth (Street and Number)	No. 49 S. Chester St.
5. Full Name of Mother	Mrs Belle B. Leonard
6. Mother's Maiden Name	Miss Belle B. Pentz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas G. Leonard
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Talbot Co.
Name of Medical Attendant, or other Person who makes this Return.	J. D. Tuthill M. D.
Address	No. 370 E. Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21033

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2. Children.
1. Sex (state whether Male or Female).	
2. Race or Color (if not of the white race)	w'ithe
3. Date of Birth	March. 22.
4. Place of Birth (Street and Number)	Sterret Strat no Number
5. Full Name of Mother	Amalie Steinbacher
6. Mother's Maiden Name	— Janusch.
7. Mother's Birthplace	Danzig Westpreussen.
8. Full Name of Father	Julius Steinbacher
9. Father's Occupation	Blackshmit.
10. Father's Birthplace	Insterburg Ostpreussen.
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	C. Leefack. 439. Pratt

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

240314

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 1st
1. Sex (state whether Male or Female)	Baltimore
2. Race or Color (if not of the white race)	it is White Race
3. Date of Birth	22 March 1878
4. Place of Birth (Street and Number)	Baltimore born St. No 237
5. Full Name of Mother	Mary Shema
6. Mother's Maiden Name	Mary Verner
7. Mother's Birthplace	Md.
8. Full Name of Father	Frank Verner
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Md. St.
Name of Medical Attendant, or other Person who makes this Return.	M. D.
Address	
Remarks	J. T. Rushenest J. A. Cooper M.D.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24035

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore
1. Sex (state whether Male or Female) Baltimore Male
2. Race or Color (if not of the white race) It is White Race
3. Date of Birth 22d March 1878
4. Place of Birth (Street and Number) Baltimore Municipality
5. Full Name of Mother Cabry Sudek
6. Mother's Maiden Name Cabry Sudek
7. Mother's Birthplace Bvelle
8. Fuil Name of Father Jas Yk Sudek
9. Father's Occupation Lobacer
10. Father's Birthplace Bvelle
Name of Medical Attendant, or other Person who makes this Return. Dr R
Address
Remarks 67 Hartford Ave

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24036

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 22d
4. Place of Birth (Street and Number)	Baltimore No: 13 Clay Street
5. Full Name of Mother	Margaret Thalheimer
6. Mother's Maiden Name	" Dill
7. Mother's Birthplace	Grossorheim Bavieria
8. Full Name of Father	Joseph ~~Theimer~~ Thalheimer
9. Father's Occupation	Whisp Thong maker
10. Father's Birthplace	Mombris Bavieria
Name of Medical Attendant, or other Person who makes this Return	Mrs Lindner
Address	Midwife 49 Monroe street
Remarks	Child healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24037

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22nd day of March 1878
4. *Place of Birth (Street and Number)* No 64 Mulberry St Balto. Md.
5. *Full Name of Mother* Grease Krieger.
6. *Mother's Maiden Name* M. Buttman
7. *Mother's Birthplace* Hanover
8. *Full Name of Father* Bernard Krieger.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Oldenburg.

Name of Medical Attendant, or other Person who makes this Return. Miss. Lindner.

Address No 43 Monroe St. Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 March
4. *Place of Birth (Street and Number)* 136 Edson St
5. *Full Name of Mother* Eulara Eichhorn
6. *Mother's Maiden Name* Pepse
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Charley Eichhorn
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Sophie Jansen

Address 1070 Granby Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24039

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAR 29 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 25 — 1878
4. *Place of Birth (Street and Number)* 162 Townsend Ave
5. *Full Name of Mother* Sarah E Harryman
6. *Mother's Maiden Name* Hoover
7. *Mother's Birthplace* Howard Co Md
8. *Full Name of Father* Asher L Harryman
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr E Rhett Mc

Address 87 Mulberry St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24040

BIRTH DEPARTMENT
MAR
1879
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimor, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First (1st)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23rd 1878
4. Place of Birth (Street and Number)	No 16 Bartlett Pl
5. Full Name of Mother	Pauline Gephardt
6. Mother's Maiden Name	Pauline Yaeger
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Gephardt
9. Father's Occupation	Merchant Taylor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Jno. D. Blake M.D
Address	140 Cathedral
Remarks	

RETURN OF A BIRTH.

24047

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH APR 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* ~~Colored~~ Colored
3. *Date of Birth* March 22 1878
4. *Place of Birth (Street and Number)* 99 Orchard Street
5. *Full Name of Mother* Mary ~~William~~ Coats
6. *Mother's Maiden Name* Mary Williams
7. *Mother's Birthplace* Alexandria Va
8. *Full Name of Father* Henry Coats
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Washington D. C.

Name of Medical Attendant, or other Person who makes this return Hester Bradley Doctress

Address 85 Orchard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 22nd 1878
4. *Place of Birth (Street and Number)* Baltimore Pop[illegible] East No. 116
5. *Full Name of Mother* Johannah Runner
6. *Mother's Maiden Name* " Kelly
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Runner
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Jno. C. McTavell

Address No 123 Eutaw st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24043

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 22 1875
4. *Place of Birth (Street and Number)*	283 Canton ave
5. *Full Name of Mother*	Christina Düring
6. *Mother's Maiden Name*	Kaul
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Louis Düring
9. *Father's Occupation*	Constable
10. *Father's Birthplace*	Bath
Name of Medical Attendant, or other Person who makes this return	Johanna Schuster
Address	Midwife
Remarks	320 Alice Anna st.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

224044

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 2d Child
1. Sex (state whether Male or Female)	Baltimore Male
2. Race or Color (if not of the white race)	It is White Race
3. Date of Birth	23 March 1873
4. Place of Birth (Street and Number)	Baltimore Co. 3rd Dist.
5. Full Name of Mother	Mary Belforte
6. Mother's Maiden Name	Mary Marker
7. Mother's Birthplace	Notre
8. Full Name of Father	Joseph Marker
9. Father's Occupation	Laborer
10. Father's Birthplace	Notre
Name of Medical Attendant, or other Person who makes this Return.	Mary Baptiste
Address	426 Winston St
Remarks	Baltimore Md.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24-045
24-046

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Twins Male 1 Female 2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 of March
4. Place of Birth (Street and Number)	No. 183 Johnson St. Balto.
5. Full Name of Mother	Rosa Hund
6. Mother's Maiden Name	Rosa Fritz
7. Mother's Birthplace	Baltimor
8. Full Name of Father	William Hund II
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sabina Grishaber
Address	128 West St. Baltimor Md.
Remarks	Joseph Grishaber

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	23rd march
4. *Place of Birth (Street and Number)*	No 23 Granby Court
5. *Full Name of Mother*	Carrie Curran
6. *Mother's Maiden Name*	Carrie McClean
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Peter Curran
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Elizabeth Feeney
Address	25 S Howard St.
Remarks	healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

240148

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 23rd 1878
4. Place of Birth (Street and Number)	24 Exeter St.
5. Full Name of Mother	Wilhemine Hennauer
6. Mother's Maiden Name	Wilhemine Hartmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Leonard Hennauer
9. Father's Occupation	Grocer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Culper
Address	526 E. Eastard
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

240149

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1/1

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th.
1. Sex (state whether Male or Female)	Male 1/1
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23rd 1878
4. Place of Birth (Street and Number)	No 5 N. Monument St.
5. Full Name of Mother	Clara Heilicher.
6. Mother's Maiden Name	Clara Zimmermann.
7. Mother's Birthplace	Hanover Germany.
8. Full Name of Father	August Heilicher.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hanover Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Hall.
Address	No 185 Mentel ave. cor. Monument St.
Remarks	All well

HEALTH DEPT APR 6 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect, the sum of Ten Dollars for the use of the City of Baltimore.

RETURN OF A BIRTH.

21030

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23
4. Place of Birth (Street and Number)	No. 2 Yorn Ave
5. Full Name of Mother	Caroline Hartenig
6. Mother's Maiden Name	Etchel Dasse
7. Mother's Birthplace	Germany
8. Full Name of Father	Diedrich Hartenig
9. Father's Occupation	Laborman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	No 112 Ave
Remarks	No 52 Yorn Ave

Penalty for Violation of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24051

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	~~Male~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 23
4. Place of Birth (Street and Number)	East Eger St 47
5. Full Name of Mother	Sarah C King
6. Mother's Maiden Name	Sarah C Reed
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Marion F King
9. Father's Occupation	Molder
10. Father's Birthplace	Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return.	Sarah Wooden
Address	Asquith St No 331
Remarks	

Rule Regarding Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21052

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* March 23d 1878
4. *Place of Birth (Street and Number)* 501 E. Monument Street
5. *Full Name of Mother* Juli Wagner
6. *Mother's Maiden Name* Juli Bauer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan Wagner
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Mario R. Rudiger

Address 134 E. Bond Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 27 1878

BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 23rd 1878
4. Place of Birth (Street and Number) No 101. Ramsay St
5. Full Name of Mother Mary Wardell
6. Mother's Maiden Name Linard
7. Mother's Birthplace Balto City
8. Full Name of Father John. Wardell.
9. Father's Occupation Black Smith
10. Father's Birthplace City of Balto

Name of Medical Attendant, or other Person who makes this Return. Jno. Ross Blenda M.D

Address No 101 Ramsay St

Remarks

Rules and Regulations of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

230514

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Thirteenth (13)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 23rd 1878
4. Place of Birth (Street and Number) West s. Stanburg St
5. Full Name of Mother ~~Mrs~~ Ellen Rider
6. Mother's Maiden Name Ellen Oconnor
7. Mother's Birthplace Ireland
8. Full Name of Father Jno Rider
9. Father's Occupation Laborer
10. Father's Birthplace City of Balto

Name of Medical Attendant, or other Person who makes this Return. Jno O'Leary M.D.

Address 140 Saratoga St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24055

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. March 23 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd ... 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23rd 1878
4. *Place of Birth (Street and Number)* 331 Gough St.
5. *Full Name of Mother* Bridget Keeh
6. *Mother's Maiden Name* Bridget Martin
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Keeh
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Scotland

Name of Medical Attendant, or other Person who makes this Return. Chas Henry Arnold

Address No 137 Wolfe St.

Remarks N

That Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24056

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Richard Howard Pritchett 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 22 1878
4. Place of Birth (Street and Number)	No 26 Johnson St
5. Full Name of Mother	Sadie Pritchett
6. Mother's Maiden Name	Sadie. Kingsbury
7. Mother's Birthplace	Md
8. Full Name of Father	Richard Pritchett
9. Father's Occupation	Mechanic
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Noble M.D
Address	17 Cranmer
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21057

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Jewish
3. *Date of Birth*	March 23d 1878
4. *Place of Birth (Street and Number)*	Low St 104
5. *Full Name of Mother*	Uhlman
6. *Mother's Maiden Name*	Bettei Neuhlhausen
7. *Mother's Birthplace*	Bavaria
8. *Full Name of Father*	Jacob Uhlman
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. Uhlig
Address	48 Holland St.
Remarks	

RETURN OF A BIRTH.

21058

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT
MAR 29 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* march 23. 1878
4. *Place of Birth (Street and Number)* 942 Bank st
5. *Full Name of Mother* Laura Roberts
6. *Mother's Maiden Name* Laura mathany
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Richard C Roberts
9. *Father's Occupation* first mate
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153 collington av

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24059

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1 1978 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* December 03
4. *Place of Birth (Street and Number)* Mazen 1- 52
5. *Full Name of Mother* Carlene Green
6. *Mother's Maiden Name* Horner
7. *Mother's Birthplace* Dock Va
8. *Full Name of Father* Burmon Green
9. *Father's Occupation* Labor
10. *Father's Birthplace* Dock Va

Name of Medical Attendant, or other Person who makes this Return Mrs Susie E Robinson

Address 140 S Howard

Remarks no remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24060

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT APR 6 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23.
4. Place of Birth (Street and Number)	24 Jackson Place
5. Full Name of Mother	Mary Elizabeth King
6. Mother's Maiden Name	" " Wayne
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Francis Anthony King
9. Father's Occupation	Carpenter
10. Father's Birthplace	Kent Island
Name of Medical Attendant, or other Person who makes this Return.	Geo. W. Wayne
Address	# 18 Hanover St
Remarks	

Law Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

14061

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24 1878
4. Place of Birth (Street and Number)	3 Wells Alley
5. Full Name of Mother	Denney Moor
6. Mother's Maiden Name	Denney Rowe
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Moor
9. Father's Occupation	Labourer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Louisa Smith
Address	
Remarks	The child is healthy Name of the child William Charles Moor

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214062

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore ed Child
1. Sex (state whether Male or Female)	Baltimore Male
2. Race or Color (if not of the white race)	if as White Race
3. Date of Birth	24 March 1878
4. Place of Birth (Street and Number)	Baltimore Eigen St dr 22
5. Full Name of Mother	Sofe Schwarke
6. Mother's Maiden Name	Sofe Schwarke
7. Mother's Birthplace	Yokre
8. Full Name of Father	johen Skelenke
9. Father's Occupation	Tailor
10. Father's Birthplace	Yokre
Name of Medical Attendant, or other Person who makes this Return.	M. E. Kilbourn M
Address	69
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24063

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Children
1. Sex (state whether Male or Female)	Male 2 Female 5
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 of March
4. Place of Birth (Street and Number)	N. 439 Gross St. Baltimore Md.
5. Full Name of Mother	Mary Hunter
6. Mother's Maiden Name	Mary Gunderman
7. Mother's Birthplace	Baltimor
8. Full Name of Father	John Hunter
9. Father's Occupation	Laborer
10. Father's Birthplace	Seulkill County Pensylvania
Name of Medical Attendant, or other Person who makes this Return.	
Address	N. 128 West St. Sabina Grishaber
Remarks	Joseph Grishaber.

RETURN OF A BIRTH. 21064

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 24th March 1878
4. Place of Birth (Street and Number) 369 N. Howard St
5. Full Name of Mother Virginia Taylor Rogers
6. Mother's Maiden Name Virginia Taylor
7. Mother's Birthplace Roanoke Co Va
8. Full Name of Father M. M. Rogers
9. Father's Occupation Merchant
10. Father's Birthplace Loudoun Co Virginia

Name of Medical Attendant, or other Person who makes this Return. Alf A Porrill MD

Address

Remarks B Franklin St

RETURN OF A BIRTH.

24065

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 24th 1878
4. Place of Birth (Street and Number)	44 Lancaster St
5. Full Name of Mother	Justine Bloome
6. Mother's Maiden Name	Justine Meyer
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick Bloome
9. Father's Occupation	Engraver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 E. Eutaw
Remarks	

Penalty for Failure to Make Returns in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24066

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT APR 13 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 24. 78.
4. *Place of Birth (Street and Number)*	49 N. Fremont St
5. *Full Name of Mother*	Amelia Fredericks
6. *Mother's Maiden Name*	Moll
7. *Mother's Birthplace*	Philadelphia Pa.
8. *Full Name of Father*	Gustav Fredericks
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Austria — Europe
Name of Medical Attendant, or other Person who makes this return	Louis M. Eastman
Address	349 Lee
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24067

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 2 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 24th 1878
4. *Place of Birth (Street and Number)* 139 W. Lombard St
5. *Full Name of Mother* Mary Susan Horney
6. *Mother's Maiden Name* Cunningham
7. *Mother's Birthplace* Harford Co Md.
8. *Full Name of Father* Thomas Taylor Horney
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. W.m Gambel

Address Cor. Calvert & Saratoga St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24065

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24. 1878.
4. Place of Birth (Street and Number)	76 E. Pratt St.
5. Full Name of Mother	Louisa M. Smith
6. Mother's Maiden Name	Louisa M. Hayden
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James A. Smith.
9. Father's Occupation	Lieut. U.S. Navy
10. Father's Birthplace	Scotland.
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell. M.D.
Address	234 Hamilton Ave
Remarks	Child Healthy

RETURN OF A BIRTH.

21069

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 24 1879.
4. *Place of Birth (Street and Number)* No. 400 East. Chase st.
5. *Full Name of Mother* Anna Heim.
6. *Mother's Maiden Name* Anna Lentz.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Chasper Heim.
9. *Father's Occupation* Bricklayer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Alma Hilgenfeldt.

Address No. 182. E. Monument St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21070

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	March 24
4. Place of Birth (Street and Number)	163 N. Lombard St.
5. Full Name of Mother	Mamie Reily
6. Mother's Maiden Name	Mamie Reily
7. Mother's Birthplace	Virginia
8. Full Name of Father	John Heaman
9. Father's Occupation	Farmer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	David Street M.D.
Address	163 N. Lombard St

Remarks. Physician of child to Columbia, thought to have been born at the 8 month of Gestation

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 24th of March 1878
4. *Place of Birth (Street and Number)* 40 Feldwick Av.
5. *Full Name of Mother* Emelia Engel
6. *Mother's Maiden Name* E. Miller
7. *Mother's Birthplace* born in Fairmont Va.
8. *Full Name of Father* Philipp Engel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* born in Balto City Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Miller

Address 57 Smallwood St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2140 '72

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* march 24/78
4. *Place of Birth (Street and Number)* 190 parkmoney lane
5. *Full Name of Mother* Agness Carr
6. *Mother's Maiden Name* Agness staton
7. *Mother's Birthplace* St marys co.
8. *Full Name of Father* Mullam Carr
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Eastren shore md

Name of Medical Attendant, or other Person who makes this Return Charlotte proctor

Address 10 barlton st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Mar 24
4. *Place of Birth (Street and Number)* 133 d south str
5. *Full Name of Mother* Mary watkins
6. *Mother's Maiden Name* Mary young
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Lewis watkins
9. *Father's Occupation* labler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Leah Johnson

Address no 32 start st

Remarks Healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

240774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 24 d. 1878
4. *Place of Birth (Street and Number)* 250 S Bondstreet
5. *Full Name of Mother* Pauline Biederman
6. *Mother's Maiden Name* Pauline Fitzenmeier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Max Biedermann
9. *Father's Occupation* Bier Salon
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Marie K. Rudiger

Address 134 S Bondstreet

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24075

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 15 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 24 1878
4. *Place of Birth (Street and Number)* 11 Chestnut Alley
5. *Full Name of Mother* Laura L. ~~Wordyard~~ Olen
6. *Mother's Maiden Name* Laura L. Wordyard
7. *Mother's Birthplace* Wakefield Carroll ~~Barnes~~ County
8. *Full Name of Father* Lewis Casper Olen
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Fredrick

Name of Medical Attendant, or other Person who makes this return Hepton Bordley Doctress

Address 65 ~~Orchard~~ street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211076

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 24th 1878
4. *Place of Birth (Street and Number)*	Baltimore Watkins No. 84
5. *Full Name of Mother*	Mary Smith
6. *Mother's Maiden Name*	" Hann.
7. *Mother's Birthplace*	Annarundel County
8. *Full Name of Father*	Frank Smith
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore County
Name of Medical Attendant, or other Person who makes this return	Mrs. L. Mitchell
Address	No. 92 Parkin st
Remarks	

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24077

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 24th 1878
4. *Place of Birth (Street and Number)*	Baltimore Calender Alley No. 11
5. *Full Name of Mother*	Louisa Butterway
6. *Mother's Maiden Name*	Ellic
7. *Mother's Birthplace*	Pensilvania
8. *Full Name of Father*	Anthony Butterway
9. *Father's Occupation*	Wellwright
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs. E. Mitchell
Address	No. 122 Parkin St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24078

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 30 1915 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sunday March 28th 1915
4. *Place of Birth (Street and Number)* Baltimore No 913 Sarah St
5. *Full Name of Mother* Agusta Antosa Cox Hartagen
6. *Mother's Maiden Name* " " Echt
7. *Mother's Birthplace* Hanover Germany
8. *Full Name of Father* Henry Hartagen
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Hanover Germany

Name of Medical Attendant or other Person who makes this Return. Jane Dumke MD

Address 60 Schroder St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

234079

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24 March 78.
4. *Place of Birth (Street and Number)*	349 Hamburg st.
5. *Full Name of Mother*	Mina Swindeke
6. *Mother's Maiden Name*	Borschell
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Fred L. Swindell
9. *Father's Occupation*	Glass Blower.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24080

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Record
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24th
4. Place of Birth (Street and Number)	194 Hamilton St.
5. Full Name of Mother	Mary Kainlein
6. Mother's Maiden Name	" Haus
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Kainlein
9. Father's Occupation	Cork Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kerk
Address	324 South Eutaw St
Remarks	

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24080 1/2

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 24th 1878
4. *Place of Birth, (Street and Number)* 371 Park Ave
5. *Full Name of Mother,* Emma Thordna Hilken
6. *Mother's Maiden Name,* Emma Thordna Heinrichs
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Heinrich Gerhard Hilken
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. C. H. Mitchell M.D.

Address, 121 W Monument St

Remarks,

Recd for Record Nov 6 /86

and shall enter the same on a blank scheduled to be furnished by the Commissioner of Health. This schedule shall be filled out before the end of each week, and shall set forth as far as the same have been ascertained by diligent inquiry, the name, sex, color, the full name and occupation of parents, the date and place of birth, and the address of each child born within the district during the week preceding the date of such certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In the absence or inability of any child to report without the attendance of a Physician or practitioner of midwifery, or should no other person be present at the birth of any child than the mother, [illegible] shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., Printers and Stationers.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24081

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	24 March 1878
4. Place of Birth (Street and Number)	148 Eden St.
5. Full Name of Mother	Barbara Bratzman
6. Mother's Maiden Name	Gueber
7. Mother's Birthplace	U. States
8. Full Name of Father	Ch. Bratzman
9. Father's Occupation	Lawyer
10. Father's Birthplace	U.S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carper
Address	52 E. Lombard.
Remarks	

RETURN OF A BIRTH.

24089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 24/78
4. *Place of Birth (Street and Number)*	Clayton nr Byrd 43
5. *Full Name of Mother*	Mandy Shay
6. *Mother's Maiden Name*	Robert
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Ambrose Shay
9. *Father's Occupation*	Labourer
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this return	Dr Emma Schuette
Address	
Remarks	

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

240853

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Febuary 24th 1873.
4. Place of Birth (Street and Number)	No 450 E Monument St.
5. Full Name of Mother	Anna Westphal.
6. Mother's Maiden Name	Anna Schmidt.
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Westphal.
9. Father's Occupation	Grocery Store
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Jena Heilbrist
Address	No 182 E Monument St.
Remarks	

RETURN OF A BIRTH.

2140814

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White "
3. Date of Birth	24 March
4. Place of Birth (Street and Number)	Hoiye
5. Full Name of Mother	Margaret Murphy
6. Mother's Maiden Name	Gurtle
7. Mother's Birthplace	Maryland
8. Full Name of Father	Richard Murphy
9. Father's Occupation	Porter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Chrissmer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24085

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The third.

1. *Sex (state whether Male or Female)* A Female
2. *Race or Color (if not of the white race)* A Colard
3. *Date of Birth* Birth march the 25 1878
4. *Place of Birth (Street and Number)* Chesnut alley no 190
5. *Full Name of Mother* Dara Davis
6. *Mother's Maiden Name* Dara thammas
7. *Mother's Birthplace* Fedelbrige Carlien County Md
8. *Full Name of Father* Zeahriah Davis
9. *Father's Occupation* Remoevenpurncher
10. *Father's Birthplace* Dorchester Car County Md

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Warthers

Address 98 Chestnut Alley

Remarks

RETURN OF A BIRTH.

24056

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. MAR 27 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* March 25th 1878
4. *Place of Birth (Street and Number)* 12 Hanover Lane
5. *Full Name of Mother* Mary Ellen
6. *Mother's Maiden Name* Cushnean
7. *Mother's Birthplace* England
8. *Full Name of Father* John Ennet
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Mrs Anne Buscagels

Address 120 Preston st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24087

HEALTH DEPARTMENT MAR 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25th 1878
4. Place of Birth (Street and Number)	42 Walsh St.
5. Full Name of Mother	Mary Amelia Powell
6. Mother's Maiden Name	Lawrence
7. Mother's Birthplace	Anne Arundel Co.
8. Full Name of Father	Alvin Powell
9. Father's Occupation	Clerk
10. Father's Birthplace	Plainfield N. Jersey
Name of Medical Attendant, or other Person who makes this Return	A. E. Klein, M.D.
Address	195 N. Eden
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24088

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

REGISTRATION DEPARTMENT
MAR 27 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Childern
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 of March
4. Place of Birth (Street and Number)	Baltimor. Hamburg St. 152.
5. Full Name of Mother	Katherina Bopp
6. Mother's Maiden Name	Katharina Müller
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Frank Lorenz Bopp.
9. Father's Occupation	Theatcher
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Mrs Salina Grishaber
Address	N. 128 West St. Baltimor Md.
Remarks	Joseph Grishaber

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24089

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 25th 1895
4. Place of Birth (Street and Number)	79 Canal St
5. Full Name of Mother	Bridget Rice
6. Mother's Maiden Name	Bridget Redmon
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Rice
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard
Remarks	

RETURN OF A BIRTH.

21090

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH D. APR 15 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* march 25 1878
4. *Place of Birth (Street and Number)* 6 orchard street
5. *Full Name of Mother* E. V. Hemsley
6. *Mother's Maiden Name* E. V. Sorrell
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Alexander Hemsley
9. *Father's Occupation* undertaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Hester Bordley Dorcas

Address 85 Orchard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24091

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH D. APR 15 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 25 1878
4. *Place of Birth (Street and Number)* 99 Chestnut Alley
5. *Full Name of Mother* Mary E. Johson
6. *Mother's Maiden Name* Mary E. Bathe
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Newton Johson
9. *Father's Occupation* Hostler
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Hester Bradley Doctress

Address 85 Orchard St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24092

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 4 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 26th 1878
4. *Place of Birth (Street and Number)* 28 President st.
5. *Full Name of Mother* Anna Elisabeth Prendergast
6. *Mother's Maiden Name* " " O'Donnell
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Francis Prendergast
9. *Father's Occupation* Oysterman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. P. G. Dauschmd

Address 27. N. Broadway.

Remarks

RETURN OF A BIRTH. 24093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male -
2. Race or Color (if not of the white race)	African
3. Date of Birth	March 25-78.
4. Place of Birth (Street and Number)	Parrish St. near Patterson ave
5. Full Name of Mother	Eliza Carey -
6. Mother's Maiden Name	E- Hill
7. Mother's Birthplace	Vienna, Md -
8. Full Name of Father	Moses Carey -
9. Father's Occupation	Laborer
10. Father's Birthplace	Queen Ann's Co, Md.
Name of Medical Attendant, or other Person who makes this Return.	John T. King, M.D.
Address	76 Edmondson ave.
Remarks	

RETURN OF A BIRTH.

240911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 25th 1878

4. Place of Birth (Street and Number) 38 Eastern Av.

5. Full Name of Mother Anna Passanagno

6. Mother's Maiden Name Anna Richorati

7. Mother's Birthplace Genoa Italy

8. Full Name of Father John Passanagno

9. Father's Occupation Can Maker

10. Father's Birthplace Genoa Italy

Name of Medical Attendant, or other Person who makes this Return. Geo. L. Kinnemon

Address 72 E Pratt St

Remarks

SOUTH DISTRICT MAY 29 1878 BALTIMORE

RETURN OF A BIRTH.

24095

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Number of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 1
Sex (state whether Male or Female)	female
Race or Color (if not of the white race)	Colored
Date of Birth	25
Place of Birth (Street and Number)	Baltimore 167 N King St
Full Name of Mother	Anna Wesley
Mother's Maiden Name	Anna Taylor
Mother's Birthplace	Baltimore
Full Name of Father	Zachariah Wesley
Father's Occupation	Laborer
Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Maj J. Richardson
Address	212 Eden St
Remarks	

RETURN OF A BIRTH.

24-096

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 25th 1895
4. *Place of Birth (Street and Number)*	171 West Lombard Street
5. *Full Name of Mother*	Ella C. Riley
6. *Mother's Maiden Name*	Ella C. Alderson
7. *Mother's Birthplace*	Richmond Co Va
8. *Full Name of Father*	E. C. Riley
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	E. R. Riley M.D.
Address	252 Lafayette Ave
Remarks	The ~~Infant~~ birth was premature

RETURN OF A BIRTH.

21097

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child 15th March.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	20th March.
4. Place of Birth (Street and Number)	36 S Eutaw St
5. Full Name of Mother	Sophia Yates
6. Mother's Maiden Name	Sophia Snyder.
7. Mother's Birthplace	Frederick
8. Full Name of Father	Peter Henry Yates
9. Father's Occupation	Driver Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Tindall
Address	115 S Eutaw St
Remarks	

RETURN OF A BIRTH.

24098

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 25th 2.30 A.M. 1878
4. *Place of Birth (Street and Number)* 122 E. Wolf Street
5. *Full Name of Mother* Mary Ann Rogers
6. *Mother's Maiden Name* Mary Ann Durham
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Fred. Rogers
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Delaware

Name of Medical Attendant, or other Person who makes this Return. Samuel E. Brunelle M.D.

Address 299 E. Baltimore Street

Remarks

RETURN OF A BIRTH.

24099

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 29 1898

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th fifth

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Black

3. *Date of Birth* March 25th 1898

4. *Place of Birth (Street and Number)* 494 N. Fremont St

5. *Full Name of Mother* Annie Chesters

6. *Mother's Maiden Name* Annie Bivers

7. *Mother's Birthplace* England

8. *Full Name of Father* John Chesters

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. C. Hemmis

Address 134 Penna Ave

Remarks

The undersigned, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21100

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH OFFICE MAR 29 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24th 1876
4. Place of Birth (Street and Number)	62 Pa Ave
5. Full Name of Mother	Anna C Schanick
6. Mother's Maiden Name	Hackett
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry Schanick
9. Father's Occupation	Grocer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. McKeen Md
Address	29 Mulberry St
Remarks	

Every Physician, Accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24101

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 25/78
4. Place of Birth (Street and Number)	#22 Campbell St.
5. Full Name of Mother	A. K. Gotz
6. Mother's Maiden Name	A. K. Kopfer
7. Mother's Birthplace	Prussia Germany
8. Full Name of Father	Charles Gotz
9. Father's Occupation	
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	M. Eidmann
Address	25 Lexington St.
Remarks	

RETURN OF A BIRTH.

24102

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 25th 1878
4. *Place of Birth (Street and Number)*	Baltimore East of 484
5. *Full Name of Mother*	Mary Kearney
6. *Mother's Maiden Name*	Carney
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	James Kearney
9. *Father's Occupation*	Shoe maker
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Mrs. C. Kitchell
Address	No. 122 Pearl st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24103

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 March
4. *Place of Birth (Street and Number)* Cor. Eutaw and Fremont
5. *Full Name of Mother* Emma Knickmann
6. *Mother's Maiden Name* Wolf
7. *Mother's Birthplace* Gotha Germany
8. *Full Name of Father* Henry Knickmann
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kolb

Address 328 South Eutaw

Remarks

Every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24104

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth March 25 1878
4. Place of Birth (Street and Number) 25 Rol St Canton
5. Full Name of Mother Emy Detz
6. Mother's Maiden Name Emy Haver
7. Mother's Birthplace Baltimore
8. Full Name of Father Tom Detz
9. Father's Occupation Cigar Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address 193 S Chester St

Remarks Healthy

The Law requires, under penalty, that the Physician, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24105

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 275

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	25 March 1918
4. Place of Birth (Street and Number)	25 Exeter St.
5. Full Name of Mother	Annie Buckley
6. Mother's Maiden Name	" Gallagher
7. Mother's Birthplace	U. States
8. Full Name of Father	John Buckley
9. Father's Occupation	Driver
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	53 E. Lombard.
Remarks	

24106

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Brown complection
3. *Date of Birth* March 25th 1878
4. *Place of Birth (Street and Number)* No Hargrove Alley
5. *Full Name of Mother*
6. *Mother's Maiden Name* Emma Frisby
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Raymond
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return.
Address # 6 Hamilton St
Remarks Illegitimate Birth

Every Physician, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24107

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAR 30 1876

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8ter Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 25. 1876
4. *Place of Birth (Street and Number)* S. Central Av. Nr 411
5. *Full Name of Mother* Anna Laske
6. *Mother's Maiden Name* Anna. Menger
7. *Mother's Birthplace* Baureuth. N. Baiern. Gumany
8. *Full Name of Father* Johannes Laske
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baureuth. N. Baiern. Gumany

Name of Medical Attendant, or other Person who makes this return Herr E. Muller

Address N Dallas B. Nr 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born alive or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21-105

HEALTH C. APR 1898 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th day March 1898.
4. Place of Birth (Street and Number)	West St. cor. 35.
5. Full Name of Mother	Margrathe List.
6. Mother's Maiden Name	Hinken
7. Mother's Birthplace	Germany
8. Full Name of Father	Frederick List
9. Father's Occupation	Boxmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	N Summerfield
Address	38 Pendleton Va
Remarks	

The [illegible] parents, [illegible], or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24109

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 12 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Number 3 John C

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 26 of March 1878
4. Place of Birth (Street and Number) 470 west Baltimore st MD.
5. Full Name of Mother Hannah Schaefer
6. Mother's Maiden Name Hannah Greet
7. Mother's Birthplace Saxony
8. Full Name of Father Henry Schaefer
9. Father's Occupation Lamp & Oil Store
10. Father's Birthplace Bremen

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunbar

Address No 60 Holl Schroeder st

Remarks

...ddress at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	March 26th 1878
4. Place of Birth (Street and Number)	426 E. Fayette st.
5. Full Name of Mother	Anna Maria Faulstich
6. Mother's Maiden Name	Schuchart
7. Mother's Birthplace	Baltimore Co. Md.
8. Full Name of Father	Nicolaus Faulstich
9. Father's Occupation	Wheelwright
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Rine G. Fauschman
Address	47 N. Broadway
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26 '78.
4. Place of Birth (Street and Number)	115 N. Carrollton Av.
5. Full Name of Mother	Mary Gaspari
6. Mother's Maiden Name	Mary Preston
7. Mother's Birthplace	Baltimore
8. Full Nome of Fother	P. G. Gaspari
9. Father's Occupation	Merchant
10. Father's Birthplace	France.
Name of Medical Attendant, or other Person who makes this Return.	A. S. Sutton M. D
Address	543 Lexington St.
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	March 26
4. Place of Birth (Street and Number)	163 N. Lombard St.
5. Full Name of Mother	Louisa Heninger
6. Mother's Maiden Name	Louisa Heninger
7. Mother's Birthplace	America
8. Full Name of Father	James Unknown
9. Father's Occupation	Farmer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	David Strutt MD
Address	163 N. Lombard St
Remarks	Physique of child Good + Convat full term.

RETURN OF A BIRTH.

9,4113

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 1st

1. *Sex (state whether Male or Female)* Female ~~Male~~
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 March
4. *Place of Birth (Street and Number)* Baltimore 535 Fayette
5. *Full Name of Mother* Hatty C. Gill
6. *Mother's Maiden Name* Hall C. Slater
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gill
9. *Father's Occupation* Fish Dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Laudia Wiley

Address 1120 Eutaw Park avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 15 18 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 26th 1898
4. *Place of Birth (Street and Number)* No 98 N. Calhoun St
5. *Full Name of Mother* Florence Meyer
6. *Mother's Maiden Name* Florence Stillman
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Adolph Carl Meyer
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Bremen, Germany

Name of Medical Attendant, or other Person who makes this Return. E. H. Hazard M.D

Address No 114 Park Ave

Remarks

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 1 1878 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26 1878
4. Place of Birth (Street and Number)	330 Bank St
5. Full Name of Mother	Helen C R Stoeller
6. Mother's Maiden Name	Helen C R Isidon
7. Mother's Birthplace	Carroll Co Md
8. Full Name of Father	Wm H. Miller
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E Fiary
Address	193 N Chester St
Remarks	Healthy

Any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st 1 M

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White 1 M W

3. Date of Birth March 26th 1878

4. Place of Birth (Street and Number) Cor Franklin & Stricker Sts

5. Full Name of Mother Jane Olivia Reamy

6. Mother's Maiden Name " " Riley

7. Mother's Birthplace Baltimore

8. Full Name of Father William L. Reamy

9. Father's Occupation Student of Divinity

10. Father's Birthplace Illinois

Name of Medical Attendant, or other Person who makes this Return. D. L. Williams

Address 201 Madison Ave

Remarks Confined with twins. The first living - breech presentation. The second - presented head - about larger than first - still born. delivered with forceps

Each and every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAR 30 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 26 1878
4. *Place of Birth (Street and Number)* Mc Elder St No 48
5. *Full Name of Mother* Margaretha Hammelbacher
6. *Mother's Maiden Name* Margaretha Burkhard
7. *Mother's Birthplace* Beringsdorf. Kr. Baiern. Germany
8. *Full Name of Father* Georg Hammelbacher
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hattersdorf Kr. Baiern Germany

Name of Medical Attendant, or other Person who makes this return Mary E. Keller

Address N Dallas St. No 26

Remarks

That each physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24-118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Kind

1. *Sex (state whether Male or Female)* Knb
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 20ten März
4. *Place of Birth (Street and Number)* № 270 Coerlein Str
5. *Full Name of Mother* Emma Schäfes
6. *Mother's Maiden Name* Emma Klein
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Sch. Schäfes
9. *Father's Occupation* Handarbeiter
10. *Father's Birthplace* Pennsylvanien

Name of Medical Attendant, or other Person who makes this return Friederike Kaufmann

Address № 289 Eastern Av

Remarks Hemme

And any person having charge of any child, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2-11-19

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Femal
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th March
4. Place of Birth (Street and Number)	132 Madison
5. Full Name of Mother	Mrs McCabe
6. Mother's Maiden Name	
7. Mother's Birthplace	New York
8. Full Name of Father	Mr McCabe
9. Father's Occupation	Lawyer
10. Father's Birthplace	Hagerstown Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Thomas
Address	131 Chase
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2-11-20

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26. March
4. Place of Birth (Street and Number)	119 North Fremont
5. Full Name of Mother	Caroline Schroeffer
6. Mother's Maiden Name	Caroline Buschart
7. Mother's Birthplace	Hannover Germanid
8. Full Name of Father	Godfrey C. Schroeffer
9. Father's Occupation	Barber
10. Father's Birthplace	Powhatan, Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	M Summerfield
Address	No 38 Pendleton ave
Remarks	

physician, accoucheur, midwife, or other person in charge, etc., of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, within ten days after the birth of such child, a return, stating distinctly the date of birth, sex, and color of such child, the physical condition, whether still born or not, the full name, the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24121

1/1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

1/1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th 1878
4. Place of Birth (Street and Number)	171 N. Holliday
5. Full Name of Mother	Kate Ryan
6. Mother's Maiden Name	Kate Moran
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ambrose Ryan
9. Father's Occupation	Police
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo B Reynolds
Address	43 North Calvert
Remarks	

Every Physician, Midwife, Nurse, Householder, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 24122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 26th 1878
4. Place of Birth (Street and Number)	9½ North Colvert
5. Full Name of Mother	Mary Lago
6. Mother's Maiden Name	Mary Cross
7. Mother's Birthplace	England
8. Full Name of Father	Michael Lago
9. Father's Occupation	Merchant
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Geo. B. Reynolds
Address	43 N. Colvert
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24123

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART
MAR
30
1878
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) March 26 1878

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 26
4. *Place of Birth (Street and Number)* No 19 Charles Alley
5. *Full Name of Mother* Nancy Williams
6. *Mother's Maiden Name* Nancy Williams
7. *Mother's Birthplace* Charlottsville Virginia
8. *Full Name of Father* William Anderson
9. *Father's Occupation* Oyster Seller
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 391 Cross street

Remarks

Within ten days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 241214

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 2 1873

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 27th
4. Place of Birth (Street and Number)	Etting N. No 24
5. Full Name of Mother	Martha Ann Carney
6. Mother's Maiden Name	Martha A Jaggers
7. Mother's Birthplace	Bridgetown New Jersey
8. Full Name of Father	Chs Wilmot Carney
9. Father's Occupation	Policeman
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	G H Adams M D
Address	215 Druid Hill Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24125

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth March 27th 1878.
4. Place of Birth (Street and Number) 88 Eastern Ave
5. Full Name of Mother Elizabetta A. Frank
6. Mother's Maiden Name " " Gerst
7. Mother's Birthplace Germany
8. Full Name of Father Albert Frank
9. Father's Occupation Barber
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buchmann

Address 120 Bank st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 27th 1878
4. Place of Birth (Street and Number)	93 W Baltimore St
5. Full Name of Mother	Elizabeth Stitz
6. Mother's Maiden Name	Elizabeth Stitz
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Stitz
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cookerly
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24-127

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 27/78
4. *Place of Birth (Street and Number)* 2. Stockton st
5. *Full Name of Mother* M.J. price
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto md
8. *Full Name of Father* James price
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto md

Name of Medical Attendant, or other Person who makes this Return. Chadol proctor

Address 10 Carlton st

Remarks

The City Physician, Resident, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24128

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First"
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 27th 1878
4. Place of Birth (Street and Number)	N. Caroline St. 1873
5. Full Nume of Mother	Annie Mabil Nee Johnson
6. Mother's Maiden Name	Bowen
7. Mother's Birthplace	Balto County
8. Full Name of Father	Henry Walter Johnson
9. Father's Occupation	Canvaping Patent Articles
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A.E. Stein. M.D.
Address	195 N. Eden St.
Remarks	

wise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24129

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 forth Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	27 of March 1878
4. *Place of Birth (Street and Number)*	52 Chaptank
5. *Full Name of Mother*	Elisbeth Wagner
6. *Mother's Maiden Name*	Elisbeth Brantrotter
7. *Mother's Birthplace*	Balttmore
8. *Full Name of Father*	Marten Wagner
9. *Father's Occupation*	Tin Manufatur
10. *Father's Birthplace*	Balttmore
Name of Medical Attendant, or other Person who makes this return	Louisa Wiley
Address	N12 Patkom Park avnew
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24130

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 March
4. Place of Birth (Street and Number)	4 Point Lane
5. Full Name of Mother	Maidalena Vacek
6. Mother's Maiden Name	" Rika
7. Mother's Birthplace	Vozic Bohemia
8. Full Name of Father	John Vacek
9. Father's Occupation	Laborer
10. Father's Birthplace	Nadejkov Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Konrad
Address	20 Barnes Str
Remarks	

RETURN OF A BIRTH.

24131

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 27th 1878
4. *Place of Birth (Street and Number)*	68 Mulberry St
5. *Full Name of Mother*	Lizzie Johenning
6. *Mother's Maiden Name*	Metzund
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Ernest Johenning
9. *Father's Occupation*	Brass finisher
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Annie McJonroke (Midwife)
Address	220 Preston St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24132

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* the 27 of March 1878
4. *Place of Birth (Street and Number)* No 4 Court
5. *Full Name of Mother* Mary Chambers
6. *Mother's Maiden Name* Mary Jackson
7. *Mother's Birthplace* Notts River
8. *Full Name of Father* Joseph Chambers
9. *Father's Occupation* Waiter
10. *Father's Birthplace* St Nicolas South

Name of Medical Attendant, or other Person who makes this return

Address Dr Mears No 79 Chestnut St

Remarks Mother and Child doing well

advise at the birth of any child, within the City of Baltimore, who shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211133

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART... MAR 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 27th 1878
4. Place of Birth (Street and Number)	No 3 Willow St
5. Full Name of Mother	Mary J. Russell
6. Mother's Maiden Name	Mary J. Killen
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	Millard Fillmore Killen
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Silas N. Hunter M.D.
Address	97 Greenmount Ave.
Remarks	

RETURN OF A BIRTH.

211311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Wenday Morning, March 27th 1878
4. Place of Birth (Street and Number)	258 E. Biddle St.
5. Full Name of Mother	Mary A. Todd.
6. Mother's Maiden Name	Mary A. Simon.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	John A. Todd.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Baltimore City. Md
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton, M.D
Address	20½ S. Greenmount Ave.
Remarks	"Vertex Presentation"

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24133

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4tes Kind
1. *Sex (state whether Male or Female)*	Knb
2. *Race or Color (if not of the white race)*	Weiß
3. *Date of Birth*	geboren den 27 März
4. *Place of Birth (Street and Number)*	No 145 Canton Av
5. *Full Name of Mother*	Boerbara Volkmuht
6. *Mother's Maiden Name*	Boerbara Schmidt
7. *Mother's Birthplace*	Deutschland
8. *Full Name of Father*	Kasper Volkmuht
9. *Father's Occupation*	Moler
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this return	Friederike Kaufmann
Address	No 289 Eastern Av
Remarks	Hemme

solves at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24136

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 1 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White ~~March 27th 1878~~ American
3. Date of Birth	March 27th 1878
4. Place of Birth (Street and Number)	No 5 Ettings Ct
5. Full Name of Mother	Hannah C. Johnston
6. Mother's Maiden Name	Hannah C. Hammond
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	David Johnston
9. Father's Occupation	Coppersmith
10. Father's Birthplace	Baltimore City Md
Name of Medical Attendant, or other Person who makes this Return.	Jas Gilly
Address	No 113 N. Eden st Balto Md
Remarks	Child and Mother doing well

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24137

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 25th 1878
4. *Place of Birth (Street and Number)* Lexington st. near S
5. *Full Name of Mother* Lydia Jane Campbell
6. *Mother's Maiden Name* Lydia Jane Reed
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John H. Campbell
9. *Father's Occupation* Caulking
10. *Father's Birthplace* Rochester Va. U. S.

Name of Medical Attendant, or other Person who makes this return Mitchell Bros

Address cor Pa & Lexington st Balt. Md.

Remarks

Every Physician or Midwife in attendance upon any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

24138

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 2 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 28th 1878
4. Place of Birth (Street and Number) No 121 S. Register alo
5. Full Name of Mother Mary E Taylor
6. Mother's Maiden Name " " Sommerhoff
7. Mother's Birthplace City
8. Full Name of Father James W. W. Taylor
9. Father's Occupation Police Officer
10. Father's Birthplace City.

Name of Medical Attendant, or other Person who makes this return Mrs. Elizabeth Bushmann

Address 120 Banks alo:

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24139

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	March 28 /78
4. Place of Birth (Street and Number)	No 20 London st
5. Full Name of Mother	Ellen Young
6. Mother's Maiden Name	Ellen Boston
7. Mother's Birthplace	West River
8. Full Name of Father	W- Hy Young
9. Father's Occupation	Hodcarrier
10. Father's Birthplace	Washington City
Name of Medical Attendant, or other Person who makes this Return.	Lucy Cornish
Address	London Alley
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 28. 1878
4. *Place of Birth (Street and Number)*	Lang Fosterst. No 312.
5. *Full Name of Mother*	Wilhelmina Paris
6. *Mother's Maiden Name*	Fite
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Theodor Paris
9. *Father's Occupation*	Korbmacher
10. *Father's Birthplace*	Falsenbuch Bayern
Name of Medical Attendant, or other Person who makes this return	Mrs. Johanna Bauguch
Address	South Wolfe st No 28.
Remarks	M. Druffe

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24141

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Every person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 28th 1878.
4. Place of Birth (Street and Number)	No. 12 Cardoni st.
5. Full Name of Mother	Hannah Bachasack.
6. Mother's Maiden Name	Hannah Jacobi
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Nathane A Bachareck.
9. Father's Occupation	Salesman.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Hen Hilgint
Address	No 182 Monument st.
Remarks	

RETURN OF A BIRTH.

24442

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 28th 1878.
4. *Place of Birth (Street and Number)* No 1 Monument st. ask.
5. *Full Name of Mother* Mary Guzman
6. *Mother's Maiden Name* Moby Keller.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* William V Guzman.
9. *Father's Occupation* Hair Dresser.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Dr. Hillegeist

Address No 182 E Monument st.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24143

APR 6 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28th of March
4. *Place of Birth (Street and Number)* 385 Cathedral St.
5. *Full Name of Mother* Lena Frey
6. *Mother's Maiden Name* Gipe
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Harry Frey
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

RETURN OF A BIRTH.

24-144.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 9 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colord Race
3. *Date of Birth* march 28 78
4. *Place of Birth (Street and Number)* 125 yor in alley
5. *Full Name of Mother* mary eliz Beth
6. *Mother's Maiden Name* liz. sy
7. *Mother's Birthplace* ner ginid
8. *Full Name of Father* george bomly
9. *Father's Occupation* had border
10. *Father's Birthplace* Baltimore Ba

Name of Medical Attendant, or other Person who makes this return eliz Beth ford

Address yung bet no 4

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	28th day of March 1878.
4. Place of Birth (Street and Number)	No 53 N. Ammita St.
5. Full Name of Mother	Anne Kougnit
6. Mother's Maiden Name	Moor.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Amil Kougnit
9. Father's Occupation	Mer Wagon.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner.
Address	No 45 Monroe St. Balto Md.
Remarks	

adrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24146

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Mar. 28th 1876
4. *Place of Birth (Street and Number)*	64 S. Broadway
5. *Full Name of Mother*	Kate Bucher
6. *Mother's Maiden Name*	" Roth
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Frederick Bucher
9. *Father's Occupation*	Jeweller
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	James E. [illegible] M.D.
Address	68 S. Broadway
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24147

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 25 1878
4. *Place of Birth (Street and Number)* 28 Jordon Alley
5. *Full Name of Mother* Harriett Lazar
6. *Mother's Maiden Name* Harriett Rhoads
7. *Mother's Birthplace* Washington D. C.
8. *Full Name of Father* Leanon Lazar
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Philadelphia Pa.

Name of Medical Attendant, or other Person who makes this return Hester Bond Bordley Doctress

Address 45 Archer Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART
MAR
30
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 24
4. Place of Birth (Street and Number)	879 Gay St
5. Full Name of Mother	Susan Conny
6. Mother's Maiden Name	Beck
7. Mother's Birthplace	Boston Mass
8. Full Name of Father	Jefs Conny
9. Father's Occupation	Mariner
10. Father's Birthplace	Baden
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Schumner
Address	No 9 Forrest Place
Remarks	

...ativles at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214119

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	28 March
4. *Place of Birth (Street and Number)*	274 Cross St.
5. *Full Name of Mother*	Biddy Jane Conn
6. *Mother's Maiden Name*	" " Evans
7. *Mother's Birthplace*	Eastern Shore
8. *Full Name of Father*	John J. Conn
9. *Father's Occupation*	Ex. policeman
10. *Father's Birthplace*	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St
Remarks	

RETURN OF A BIRTH.

24150

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th 2d ch

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) W.B.

3. Date of Birth March 28 1878

4. Place of Birth (Street and Number) No 61 Cambridge st.

5. Full Name of Mother Mary Ann Wild

6. Mother's Maiden Name Colyer

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Wild

9. Father's Occupation Carpenter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Md Sarah P Harrington

Address No 339 Canton ave

Remarks

24157

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth March 28th 1878

4. Place of Birth (Street and Number) No 25 Barnet St.

5. Full Name of Mother Mary Jane Mincher

6. Mother's Maiden Name Mary Jane Roton

7. Mother's Birthplace Baltimore

8. Full Name of Father W.B. Mincher

9. Father's Occupation Employee. State Tobacco Warehouse

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, naturely, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24152

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 1875 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 9th

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 23rd of March 1878
4. *Place of Birth (Street and Number)* No 892 West Pratt St.
5. *Full Name of Mother* Frane. Fisher
6. *Mother's Maiden Name* F. Riehl
7. *Mother's Birthplace* Balto. City Md.
8. *Full Name of Father* Joseph Fisher
9. *Father's Occupation* Bar Keeper
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Miss. Keller

Address 1837 Smallwood St.

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211353

HEALTH DEPT. MAR 1878 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	28 March 1878
4. Place of Birth (Street and Number)	44 Albemarle
5. Full Name of Mother	Margaret Mc Neal
6. Mother's Maiden Name	" Curley
7. Mother's Birthplace	U. States
8. Full Name of Father	Patrick Mc Neal
9. Father's Occupation	Laborer
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E. Eutaw
Remarks	

Parents of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24154

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 28/78.
4. *Place of Birth (Street and Number)*	Center ave No. 464
5. *Full Name of Mother*	Anny Brin
6. *Mother's Maiden Name*	" Mater
7. *Mother's Birthplace*	Germ
8. *Full Name of Father*	Lazy Brin
9. *Father's Occupation*	Labrer
10. *Father's Birthplace*	Germ
Name of Medical Attendant, or other Person who makes this return	Gramm Schultz
Address	Resident
Remarks	320 alice Anna St.

Any one at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if so or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24155

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 28 1878
4. *Place of Birth (Street and Number)*	No 102 Elliott st.
5. *Full Name of Mother*	Elizabeth Forbrich
6. *Mother's Maiden Name*	" Everhart
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Leo Forbrich
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Johnna Sainte
Address	
Remarks	Brandy

And it is hereby made the duty of any Physician, Midwife, or other person having charge of any case of birth within the City of Baltimore, to report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAR 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* March 28th 78
4. *Place of Birth (Street and Number)* Hill St 280
5. *Full Name of Mother* Mrs Mollie Butler
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Carrollton — Md
8. *Full Name of Father* Jno Taylor
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Carroll Co Md

Name of Medical Attendant, or other Person who makes this Return. —

Address 201 Hill St

Remarks

Within six days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	March 28th 1878
4. *Place of Birth (Street and Number)*	No 25 9 Jefferson St
5. *Full Name of Mother*	Mary L. Wright
6. *Mother's Maiden Name*	Mary L. Gibe
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Sylvester H. Wright
9. *Father's Occupation*	Shoe-maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A Allwell
Address	286 N Donogh st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the Office of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 28 d. 1878
4. *Place of Birth (Street and Number)* 1 Comfort ct
5. *Full Name of Mother* Luise Jager
6. *Mother's Maiden Name* L. Hofmeister
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Armien Jager
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Marie K. Rudiger

Address 134 n. Bond st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24159

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every Physician, Midwife, or other person having charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	March 28th 1878
4. Place of Birth (Street and Number)	No 350 Gross St.
5. Full Name of Mother	Margaret Simon
6. Mother's Maiden Name	Lang
7. Mother's Birthplace	Germany
8. Full Name of Father	August Simon
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	213 Gross st.
Remarks	J. Schwasser Midwife 213. Gross Street

RETURN OF A BIRTH.

24760

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 29th 1878.
4. *Place of Birth (Street and Number)* Orleans St. No. 17.
5. *Full Name of Mother* E. Evans.
6. *Mother's Maiden Name* E. Schutz.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* H. Evans.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace* Harford county Md.

Name of Medical Attendant, or other Person who makes this Return. Wm Hillegeist.

Address 182 Aisquith St.

Remarks

RETURN OF A BIRTH.

24161

HEALTH DEPT. APR 5 1898 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Wht.
3. *Date of Birth* March 29th 1898.
4. *Place of Birth (Street and Number)* No. 292 Central ave.
5. *Full Name of Mother* Kunigunda Frank.
6. *Mother's Maiden Name* Kunigunda Schmitt.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Henry Frank.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Lena Hildegerd.

Address 182 Monument St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24769

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	March 29-1878
4. Place of Birth (Street and Number)	28 N. Exeter St.
5. Full Name of Mother	Eliz^th E. T. Colbert.
6. Mother's Maiden Name	Eliz^th E. T. Cole.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Augustus T. Colbert.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Somerset Co. Md.
Name of Medical Attendant, or other Person who makes this Return	Jno. McPowell M.D.
Address	1321 Carrollton Ave.
Remarks	Child Premature but healthy.

Notice is to be given of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24163

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 12 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 of March 1878
4. Place of Birth (Street and Number)	No 170 King St
5. Full Name of Mother	Bertha Elizabeth Fisher
6. Mother's Maiden Name	" " Stahl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Daniel Fisher
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anna Dumler 60 Schroter
Remarks	

Every Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24-1611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 d.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 29 d. 1878
4. *Place of Birth (Street and Number)*	43 Milleman str.
5. *Full Name of Mother*	Auguste Breidigam
6. *Mother's Maiden Name*	Auguste Schmidt
7. *Mother's Birthplace*	Germane
8. *Full Name of Father*	Adam Breidigam
9. *Father's Occupation*	Schuhmacher
10. *Father's Birthplace*	Germane
Name of Medical Attendant, or other Person who makes this return	Mario R. Rodiger
Address	134 S. Bond St.
Remarks	

It is the duty of the Physician, Midwife or other person in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24165

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT APR 2 1913 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) male 1st 1915

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 29th
4. *Place of Birth (Street and Number)* Montgomery Street no 313
5. *Full Name of Mother* Ellen Jess Cook
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George F Mason
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr Ewell

Address no 219 north Howard Street

Remarks

Note.—In case of physician, midwife or other person who was present at the birth, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24166

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every midwife or other person having charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	29 March 1878
4. Place of Birth (Street and Number)	76 Albemarle
5. Full Name of Mother	Annie Heinrich
6. Mother's Maiden Name	" Geaulen
7. Mother's Birthplace	U. States
8. Full Name of Father	W. Heinrich
9. Father's Occupation	Watchman
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return	Sarah Cooper
Address	523 E Lombard
Remarks	

RETURN OF A BIRTH.

24167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29 March 1878
4. *Place of Birth (Street and Number)* 29 Market Place
5. *Full Name of Mother* Kate Devine
6. *Mother's Maiden Name* " Murray
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Devine
9. *Father's Occupation* Restaurateur
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 52 E. Eastland.

Remarks

Every Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24168

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Mar. 29th 1878
4. Place of Birth (Street and Number)	49[redacted]ton St.
5. Full Name of Mother	Sarah Ellen Bromahon
6. Mother's Maiden Name	Rinamen
7. Mother's Birthplace	Balto. City
8. Full Name of Father	C. F. Bromahon
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Washington D. C.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431 Lenno. ave.
Remarks	

REGISTRAR'S OFFICE MAR 30 1878 BALTIMORE

...ance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

94169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 d.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 29 d. 1878
4. *Place of Birth (Street and Number)*	115 Maldre Str.
5. *Full Name of Mother*	Christiane Barnickel
6. *Mother's Maiden Name*	Christ. Lauhe
7. *Mother's Birthplace*	Germane
8. *Full Name of Father*	Friedrig Barnickel
9. *Father's Occupation*	Tailer
10. *Father's Birthplace*	Germane
Name of Medical Attendant, or other Person who makes this return	Marie Reuiger
Address	134 S. Bond Str.
Remarks	

It is the duty of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21170

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 30th 1878
4. Place of Birth (Street and Number) 46 S. Broadway.
5. Full Name of Mother Rosa Schmidt
6. Mother's Maiden Name " Fuschs
7. Mother's Birthplace Germany.
8. Full Name of Father Levi Schmidt
9. Father's Occupation Butcher
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buschmann

Address 120 Bank st.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

D4171

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 of March
4. Place of Birth (Street and Number)	West St No 66.
5. Full Name of Mother	Kate Bayer
6. Mother's Maiden Name	Kate Emmer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Bayer
9. Father's Occupation	Sailor Works.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Greshabe.
Address	West St No 128
Remarks	

Within six days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every attending Physician, Midwife, or other person having charge of any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	30 of March
4. Place of Birth (Street and Number)	Goochmans Alley No 27
5. Full Name of Mother	Anna Wachter
6. Mother's Maiden Name	Anna Sylimer
7. Mother's Birthplace	Byern
8. Full Name of Father	Lorenz Wachter
9. Father's Occupation	Labor
10. Father's Birthplace	Byern
Name of Medical Attendant, or other Person who makes this Return.	Mosses Gresbarber
Address	Hart St No 128
Remarks	

RETURN OF A BIRTH.

24173

HEALTH DEPARTMENT
APR 5 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* March 30th 1878
4. *Place of Birth (Street and Number)* No. 231 Central ave
5. *Full Name of Mother* Anna Engelhardt.
6. *Mother's Maiden Name* Anna Zaikel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Engelhardt.
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hina Hildegirst.

Address No 102 Monument st.

Remarks

A Record of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24174

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Every Physician, Midwife or other person having charge of any case of birth within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White.
3. Date of Birth March 30th 1878.
4. Place of Birth (Street and Number) No 32. Rost St.
5. Full Name of Mother Elise Bertram Wehrmann
6. Mother's Maiden Name Elise Herwig
7. Mother's Birthplace Baltimore.
8. Full Name of Father Henry Wehrmann
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Geo Hillquist
Address 182 Lemmert St.
Remarks

RETURN OF A BIRTH.

24175

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 30th. 1878.
4. Place of Birth (Street and Number)	No 195 N. Central avenue.
5. Full Name of Mother	Maruretha Streit.
6. Mother's Maiden Name	Maruretha Kuemann.
7. Mother's Birthplace	Darmstadt Germany.
8. Full Name of Father	Jacob Streit.
9. Father's Occupation	Baker.
10. Father's Birthplace	Hessen Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt.
Address	No 185 N.E. Cor. of Monument St. & Central av.
Remarks	Tardie Dr.

Every person in charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24176

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 2 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Jewish
3. *Date of Birth* March 30 1878
4. *Place of Birth (Street and Number)* Harpoutret Bl Cor.
5. *Full Name of Mother* Rebecke Breitenstein
6. *Mother's Maiden Name* Rebecke Beisenige
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Breitenstein
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Marie Ke Rudy

Address [illegible]

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24177

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the third

1. *Sex (state whether Male or Female)* a male by
2. *Race or Color (if not of the white race)* black
3. *Date of Birth* 3d of march
4. *Place of Birth (Street and Number)* 39 dur st N 41
5. *Full Name of Mother* fanny Mathews
6. *Mother's Maiden Name* fanny Mathews
7. *Mother's Birthplace* Howard County Md
8. *Full Name of Father* Henry H Pitts
9. *Father's Occupation* Laborer
10. *Father's Birthplace* accomac county Va

Name of Medical Attendant, or other Person who makes this Return. Sydia Somerville

Address 13 Clinton avenue

Remarks

advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

RETURN OF A BIRTH.

24178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every attending at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2 Cond
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	30 March
4. *Place of Birth (Street and Number)*	Marion St. #43
5. *Full Name of Mother*	Dora Rule
6. *Mother's Maiden Name*	" Bohrman
7. *Mother's Birthplace*	Bavaria
8. *Full Name of Father*	Chas Rule
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Russia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kuhn
Address	928 South Eutaw
Remarks	

RETURN OF A BIRTH.

24179

HEALTH DEPT. APR 1876 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth March 30th 1878
4. Place of Birth (Street and Number) No 6 Cumberland st
5. Full Name of Mother Rebecca Tully
6. Mother's Maiden Name Rebecca Hamilton
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph P. Tully
9. Father's Occupation Conductor
10. Father's Birthplace Fall River. Mass.

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winneberger

Address No 23 N. Liberty st.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Should the above birth of any child, which shall take place in Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24180

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 6 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	30 March 1878
4. *Place of Birth (Street and Number)*	1 Abermarle
5. *Full Name of Mother*	Margaret Tracy
6. *Mother's Maiden Name*	" Cosany
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Geo. Tracy
9. *Father's Occupation*	Restaurateur
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carter
Address	126 E Lombard.
Remarks	

RETURN OF A BIRTH.

2,4187

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	March 30th 1878
4. *Place of Birth (Street and Number)*	Chaplank St. nr Eastern Ave
5. *Full Name of Mother*	Elizabeth B. Kiebert
6. *Mother's Maiden Name*	Eliz. Buchman
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Mr Kiebert
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Simms
Address	203 E Washington St.
Remarks	

HEALTH APR 2 1878 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24182

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	one
State whether Male or Female)	female
Color (if not of the white race)	white
Date of Birth	March the 30th
Place of Birth (Street and Number)	Baltimore Born at No 9
Name of Mother	Elizabeth Colson
Mother's Maiden Name	Elizabeth Abey
Mother's Birthplace	Baltimore
Name of Father	Creston Colson
Father's Occupation	Labour
Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Kastner
Address	Fort ave 140
Remarks	

RETURN OF A BIRTH.

24183

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31 March
4. *Place of Birth (Street and Number)* No 25 Central Ave
5. *Full Name of Mother* Ellen Vöglein
6. *Mother's Maiden Name* Burkert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christof Vöglein
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Sophia Siemon

Address No 70 Gourley St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2111811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
1878
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 yd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	March 31 st 1878
4. Place of Birth (Street and Number)	14 41 Brown st
5. Full Name of Mother	Helene Carrol
6. Mother's Maiden Name	Baumgarten
7. Mother's Birthplace	America
8. Full Name of Father	William Carrol
9. Father's Occupation	Shipcarpenter
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lehnasser midwife
Address	913 Cross st.
Remarks	

RETURN OF A BIRTH.

24185

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 31st March 1878.

4. *Place of Birth (Street and Number)* 237 Argyle Ave

5. *Full Name of Mother* Mrs Fannie Eda Seal

6. *Mother's Maiden Name* Miss Fannie Eda Patterson

7. *Mother's Birthplace* Maryland

8. *Full Name of Father* Arthur G Seal

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Virginia

Name of Medical Attendant or other Person who makes this Return. Wm McNickerson M.D.

Address N. W. Cor. Arlington & Harlem Ave.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24186

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Brown
3. Date of Birth	31 March
4. Place of Birth (Street and Number)	Nos- Thazus Court
5. Full Name of Mother	Betty Sharp
6. Mother's Maiden Name	Rollings
7. Mother's Birthplace	Talbot County
8. Full Name of Father	Wm Sharp
9. Father's Occupation	Barber
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Ursula E Schriener
Address	No 7 Forrest Place
Remarks	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24787

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) Male Child 1/1

2. Race or Color (if not of the white race) Colored race

3. Date of Birth March the 7 1878

4. Place of Birth (Street and Number) Durham St 117 Baltimore

5. Full Name of Mother Lucy ann Johnson

6. Mother's Maiden Name Lucy ann Johnson

7. Mother's Birthplace St mary County and

8. Full Name of Father Henry Johnson

9. Father's Occupation Stevedore

10. Father's Birthplace Charles County M D

Name of Medical Attendant, or other Person who makes this Return. Lucinda Hartford

Address 130 Eggester St Baltimore M D

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24188

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every Physician in attendance upon any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 3rd 1878
4. Place of Birth (Street and Number)	319 Light St
5. Full Name of Mother	Millie L. Cook
6. Mother's Maiden Name	Millie L. Benton
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Geo W. Cook
9. Father's Occupation	Block maker
10. Father's Birthplace	Lancaster Co Pa
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

RETURN OF A BIRTH. 24189

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 2 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 31 March 1878
4. *Place of Birth (Street and Number)* 347 Cathedral
5. *Full Name of Mother* Matilda Kreagar
6. *Mother's Maiden Name* " Wesler
7. *Mother's Birthplace* Penna
8. *Full Name of Father* Nicholas Kreagar
9. *Father's Occupation* RR. Employee
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Adam Taneyhill
Address 129 N Bidle

Remarks

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within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24190

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5
1. Sex (state whether Male or Female)	~~Female~~
2. Race or Color (if not of the white race)	
3. Date of Birth	31 March 1878
4. Place of Birth (Street and Number)	68 High
5. Full Name of Mother	Mary Graever
6. Mother's Maiden Name	" Herman
7. Mother's Birthplace	U States
8. Full Name of Father	Chas Graever
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Parker
Address	52 E Lombard
Remarks	

RETURN OF A BIRTH.

24191

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	31 March 1878
4. Place of Birth (Street and Number)	17 Eden St.
5. Full Name of Mother	Annie Brandt
6. Mother's Maiden Name	" Woldemeier
7. Mother's Birthplace	U. States
8. Full Name of Father	Wm Brandt
9. Father's Occupation	Shoe-maker
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	522 E. Lombard.
Remarks	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24192

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Child 1st

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth March 31st 1878

4. Place of Birth (Street and Number) Baltimore No. 60 Talbott St.

5. Full Name of Mother Susanna Henber

6. Mother's Maiden Name Susanna Harrigmann

7. Mother's Birthplace Baltimore County

8. Full Name of Father Fritz Henber

9. Father's Occupation Laborer

10. Father's Birthplace Warlenberg Germany

Name of Medical Attendant, or other Person who makes this Return. Baltazine Bedford

Address No. 141 Orleans St.

Remarks

RETURN OF A BIRTH.

24193

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	march 31 first
4. *Place of Birth (Street and Number)*	130 york st
5. *Full Name of Mother*	elizth meriel
6. *Mother's Maiden Name*	elizabeth boston
7. *Mother's Birthplace*	new town
8. *Full Name of Father*	edward meriel
9. *Father's Occupation*	labour
10. *Father's Birthplace*	pocomoke
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Parker
Address	no 4 Fayette ave
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

241914

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 2 1878 MD.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 31st 1878
4. Place of Birth (Street and Number)	Baltimore York Street No. 42
5. Full Name of Mother	Bridget Healy
6. Mother's Maiden Name	" Heinaminth
7. Mother's Birthplace	County Sligo Ireland
8. Full Name of Father	Patrick Healy
9. Father's Occupation	Street Cleaner
10. Father's Birthplace	County Roscommon Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 220 Montgomery Street
Remarks	

RETURN OF A BIRTH.

24195

1/1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31 March
4. *Place of Birth (Street and Number)* 11 Mott St.
5. *Full Name of Mother* Mari Schimd
6. *Mother's Maiden Name* Enklman
7. *Mother's Birthplace* Balto
8. *Full Name of Father* John Enklman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Parmer St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24196

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March the 31. 1878
4. *Place of Birth (Street and Number)* E. Fayette St. No. 249.
5. *Full Name of Mother* Georgiana T. Fields.
6. *Mother's Maiden Name* Georgiana T. Barnes
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William T. Fields
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24197

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	9 te
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	March 31. 1878
4. *Place of Birth (Street and Number)*	L. Boyster str. No 3
5. *Full Name of Mother*	Maria Fischler
6. *Mother's Maiden Name*	Borenmeyer
7. *Mother's Birthplace*	Kl: Langfeld Bayern
8. *Full Name of Father*	Georg Fischler
9. *Father's Occupation*	Taler
10. *Father's Birthplace*	Kirchbachereubach Bayern
Name of Medical Attendant, or other Person who makes this return	Mr. H. Baumbach
Address	South Wolf str No 28
Remarks	Unstrap

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21198

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex (state whether Male or Female)* Girl white
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 March
4. *Place of Birth (Street and Number)* 8 Barry St. N. 3.
5. *Full Name of Mother* Margaretta Wolff
6. *Mother's Maiden Name* McGee.
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Edward Wolff
9. *Father's Occupation* Stone worker
10. *Father's Birthplace* Prussian

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Wm A Strong Lexington St

RETURN OF A BIRTH.

24199

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 first child.
1. Sex (state whether Male or Female) Maile
2. Race or Color (if not of the white race) Brown Skine Color
3. Date of Birth March the 31
4. Place of Birth (Street and Number) West St No 1106
5. Full Name of Mother Caraline johnson
6. Mother's Maiden Name
7. Mother's Birthplace Born in Baltimore City
8. Full Name of Father Elixandra Brown
9. Father's Occupation Coachyman
10. Father's Birthplace Reichmond va

Name of Medical Attendant, or other Person who makes this return Aberrila. Brooks
Address No 2010 Warner St. Betten. Cross & Sts West
Remarks geten a Longe Well except Sore Nipels

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

211206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* march 31 1878
4. *Place of Birth (Street and Number)* 111 south bond st
5. *Full Name of Mother* mabla S steer
6. *Mother's Maiden Name* Mabella S Clark
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* William Steer
9. *Father's Occupation* Butcher
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this return mary conner 153 collington av

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24201

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mch. 31st 1878
4. *Place of Birth (Street and Number)* 44 Woodyear St
5. *Full Name of Mother* Mrs. Lydia Ann Osbourn
6. *Mother's Maiden Name* Patterson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John G. Osbourn
9. *Father's Occupation* Brick dealer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. W. Murray

Address 10 E. Camy St

Remarks

advise at the birth of any child within the City of Baltimore, must, within six days thereafter, furnish to the Registrar of Vital Statistics, Board of Health, a return of such birth, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

MISSING

24202-24203

RETURN OF A BIRTH.

24204

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 1878
4. Place of Birth (Street and Number)	162 Hughes
5. Full Name of Mother	Emma V. Price
6. Mother's Maiden Name	Emma V. Lynich
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Peter Price
9. Father's Occupation	Engineer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

Every Birth occurring in any family in Baltimore City, and every Birth occurring on board of any vessel, steamboat or other water craft, while in port in the limits of Baltimore City, shall be reported to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	April 1st
4. Place of Birth (Street and Number)	107 Cathedral St
5. Full Name of Mother	— — —
6. Mother's Maiden Name	— — —
7. Mother's Birthplace	Brazil
8. Full Name of Father	Wash Gray
9. Father's Occupation	Servant
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	J W McKean
Address	
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

24206

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 5 1870

Physicians, Midwives, or any other persons delivering the mother of a child, are required to make return of the birth within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	1st April
4. Place of Birth (Street and Number)	Balto city Hughes's st. 231
5. Full Name of Mother	
6. Mother's Maiden Name	Hester Dutton
7. Mother's Birthplace	City raised
8. Full Name of Father	Fleming Hamper
9. Father's Occupation	Sugar Refinery
10. Father's Birthplace	City raised
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Araminta Wilson

RETURN OF A BIRTH.

24207

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT APR 5 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	1 April
4. Place of Birth (Street and Number)	122 Dallas Alley
5. Full Name of Mother	Barbara Pawuska
6. Mother's Maiden Name	" Vanicek
7. Mother's Birthplace	Paris Bohemia
8. Full Name of Father	John Pawuska
9. Father's Occupation	Tailor
10. Father's Birthplace	Paris Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnes St
Remarks	

RETURN OF A BIRTH.

24205

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth April 1st 1878

4. Place of Birth (Street and Number) W. side of Washington bet 11th & 12th Sts

5. Full Name of Mother Mary E. Cochran

6. Mother's Maiden Name Mary E. Hazard

7. Mother's Birthplace Maryland

8. Full Name of Father John Cochran

9. Father's Occupation Sailor

10. Father's Birthplace Ohio

Name of Medical Attendant, or other Person who makes this return Mary A. Albrecht

Address 286 McDonough st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

211209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 6 1896 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 1st 1875
4. *Place of Birth (Street and Number)* 325 Gough St
5. *Full Name of Mother* Mary L. Sigerman
6. *Mother's Maiden Name* Mary L. Miller
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Capt. Thomas Sigerman.
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this return Nicholas L. Cushell

Address 207 S. Broadway

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

24210

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* april 1. 1876.
4. *Place of Birth (Street and Number)* 332 Vine st
5. *Full Name of Mother* Eliza brown
6. *Mother's Maiden Name* E. Grey
7. *Mother's Birthplace* West river
8. *Full Name of Father* Levi Brown
9. *Father's Occupation* Sailor
10. *Father's Birthplace* West river

Nome of Medical Attendant, or other Person who makes this Return. Chold proctor

Address 10 Carlton st

Remarks

RETURN OF A BIRTH.

21211

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR
6
1878
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 1- 1878,
4. Place of Birth (Street and Number)	181 Sarathga St.
5. Full Name of Mother	Isabella J. Williams.
6. Mother's Maiden Name	Watters.
7. Mother's Birthplace	Baltimore,
8. Full Name of Father	Thomas Edward Williams,
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore,
Name of Medical Attendant, or other Person who makes this Return.	Dr H. P. Morgan
Address	175 Dorothya St.
Remarks	

RETURN OF A BIRTH.

2112.72

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 1st 1878
4. *Place of Birth (Street and Number)*	203 Druid Hill Ave
5. *Full Name of Mother*	Mary Anna Osing
6. *Mother's Maiden Name*	" " Hahnpke
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John A Osing
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Annie Meisenzahl (Midwife)
Address	220 Preston St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2.4213

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* April 1st 1878
4. *Place of Birth (Street and Number)* No. 59 Howe al.
5. *Full Name of Mother* Jane Jackson
6. *Mother's Maiden Name* " Middleton
7. *Mother's Birthplace* Frederick Co. Md.
8. *Full Name of Father* George Jackson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Petersburg Va.

Name of Medical Attendant, or other Person who makes this Return. H. B. Gardner M. D.

Address 128 W Greene St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

242714

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white.
3. *Date of Birth* 1st April
4. *Place of Birth (Street and Number)* 116 Weast St.
5. *Full Name of Mother* Katherine white.
6. *Mother's Maiden Name* Katherine Magee.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* James White.
9. *Father's Occupation* Gadler
10. *Father's Birthplace* Irelgnd.

Name of Medical Attendant, or other Person who makes this Return. Miss Katherine Horner

Address No 106 Weast St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9:42215

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 2nd 1878
4. *Place of Birth (Street and Number)* 58 Lemmington St.
5. *Full Name of Mother* Lida Belt Jenkins.
6. *Mother's Maiden Name* Lida Lucketts.
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Alfred Jenkins
9. *Father's Occupation* Merchant.
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Young No. 45.

Address Merchants R.R.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apl 2nd
4. Place of Birth (Street and Number)	Green Willow & No 20
5. Full Name of Mother	Susan Neale
6. Mother's Maiden Name	Susan Storm
7. Mother's Birthplace	Va
8. Full Name of Father	John H Neale
9. Father's Occupation	Sheet Iron Worker
10. Father's Birthplace	Illinois
Name of Medical Attendant, or other Person who makes this Return.	G F Adam, MD
Address	215 Broadway Ave
Remarks	

2.11.217

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Every Physician or Midwife in attendance upon any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	April 4th 1875
4. *Place of Birth (Street and Number)*	York Street no 152
5. *Full Name of Mother*	Josephine Burk
6. *Mother's Maiden Name*	Josephine Jurson
7. *Mother's Birthplace*	Lancaster County Virginia
8. *Full Name of Father*	Richard Burk
9. *Father's Occupation*	Oyster Packer
10. *Father's Birthplace*	Baltimore MD
Name of Medical Attendant, or other Person who makes this return	Willi Hooker Ward
Address	152 York Street
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

211278

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2. April
4. *Place of Birth (Street and Number)* 37 Mott St
5. *Full Name of Mother* Katharine Gitmasier
6. *Mother's Maiden Name* " Bicks "
7. *Mother's Birthplace* Balto. "
8. *Full Name of Father* See. Bicks "
9. *Father's Occupation* Conditer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes St

Remarks

RETURN OF A BIRTH.

24219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 2nd 1878
4. *Place of Birth (Street and Number)* 245 Jefferson St
5. *Full Name of Mother* Jane E. L. Wright
6. *Mother's Maiden Name* Jane E. L. Hardester
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Bradford H Wright
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary A Allwell

Address 286 N Bond St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24220

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* M —
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* Apl. 2nd —
4. *Place of Birth (Street and Number)* 148 Saratoga St.
5. *Full Name of Mother* Agnes O'Brien
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Jno. O'Brien
9. *Father's Occupation* Can-maker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. W. T. Eastwood M.D.

Address 56 Saratoga St.

Remarks

RETURN OF A BIRTH.

24221

APR 10 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 2nd 1878
4. Place of Birth (Street and Number)	11 S 87 Hall st
5. Full Name of Mother	Kristine Stumpf
6. Mother's Maiden Name	Kassmann
7. Mother's Birthplace	Germany.
8. Full Name of Father	Niclaus Stumpf
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return	J. Schroeder midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

2.11.2.22

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 2 1878
4. *Place of Birth (Street and Number)* Locust Point Baltimore Hull Nat
5. *Full Name of Mother* Emma Letten
6. *Mother's Maiden Name* Emma Fricke
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Letten
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Margaretha Edel

Address

Remarks

RETURN OF A BIRTH.

24226

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 2. 1878.
4. *Place of Birth (Street and Number)* No 278. Gay. st.
5. *Full Name of Mother* Dora Wittern.
6. *Mother's Maiden Name* Dora Barbholz.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* August Wittern.
9. *Father's Occupation* Dyer.
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. Hina Hellgiest.

Address No 182 Monument st.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24224

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 1878

11

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 11

1. *Sex (~~state whether~~ Male or Female)* Female
2. *Race or Color (~~if not of the~~ white race)* White
3. *Date of Birth* April 3rd 1878 4 A.M.
4. *Place of Birth (Street and Number)* H Bl Lapeco St Canton
5. *Full Name of Mother* Annie Gray
6. *Mother's Maiden Name* " Vickery
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Gray
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A Augd Sherkey M.D.

Address 11 S. High St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24-225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 4 1878

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 3d 1878
4. Place of Birth (Street and Number)	100 Granby "
5. Full Name of Mother	Martha Agnes Cross
6. Mother's Maiden Name	" " Harvey
7. Mother's Birthplace	Baltimore County Md.
8. Full Name of Father	Cyril Charles Cross
9. Father's Occupation	Tin plate & sheet iron worker
10. Father's Birthplace	Troy New York
Name of Medical Attendant, or other Person who makes this Return.	Peter L. D. Latham M.D.
Address	27 N. Broadway.
Remarks	

RETURN OF A BIRTH.

2 1 9 26

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October. Third. 1926
4. Place of Birth (Street and Number)	North Canal St. No. 241
5. Full Name of Mother	Mary. Frances. Burke.
6. Mother's Maiden Name	Mary. Frances. Cornwell
7. Mother's Birthplace	New. York. City.
8. Full Name of Father	James. Buckhannan. Burke
9. Father's Occupation	Moroco. Dresser
10. Father's Birthplace	Baltimore. City
Name of Medical Attendant, or other Person who makes this Return.	Sarah R. Worden
Address	330 Regnith street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 3rd
4. Place of Birth (Street and Number)	Hamburg st Gallery ave
5. Full Name of Mother	Annie E. Thompson
6. Mother's Maiden Name	Annie E Hurst
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas. Thompson
9. Father's Occupation	Grocer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211228

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

APR 6 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 22 1878
4. Place of Birth (Street and Number) 1 Cambridge
5. Full Name of Mother Catherine Bellman
6. Mother's Maiden Name
7. Mother's Birthplace Balto
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace
Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah J Warrington
Address 110 S Caroline
Remarks Married

Births are to be registered by the Parent, Householder, Nurse, Midwife, Physician, or other person having knowledge of the facts, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24229

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 8 1879

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 3rd
4. Place of Birth (Street and Number)	Hanover Avenue Above Baltimore
5. Full Name of Mother	Eliza Edel
6. Mother's Maiden Name	Eliza Cox
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Saml T Edel
9. Father's Occupation	Butter Dealer
10. Father's Birthplace	Balt. Md
Name of Medical Attendant, or other Person who makes this Return.	W. Krauss
Address	131 N Charles
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24230

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 3rd 1875
4. Place of Birth (Street and Number)	35 Albemarle St
5. Full Name of Mother	Maggie Cochran
6. Mother's Maiden Name	Maggie Gaffy
7. Mother's Birthplace	United States
8. Full Name of Father	Michael Cochran
9. Father's Occupation	Laborer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St.
Remarks	

RETURN OF A BIRTH.

94231

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 3d
4. *Place of Birth (Street and Number)* 176 N. Broadway
5. *Full Name of Mother* Sarah J. Kirby
6. *Mother's Maiden Name* Sarah J. Hooper
7. *Mother's Birthplace* Talbot County Md.
8. *Full Name of Father* Tomas H. Kirby
9. *Father's Occupation* Plaster
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Mary E. Price

Address

Remarks 176 N. Broadway

Every Physician or Midwife in the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21232

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 3 d 1878
4. Place of Birth (Street and Number)	No 182 West st
5. Full Name of Mother	Mary Rice
6. Mother's Maiden Name	Baker
7. Mother's Birthplace	America
8. Full Name of Father	Casper Rice
9. Father's Occupation	Painter
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeier midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

9.11-2.33

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3 April
4. *Place of Birth (Street and Number)* 71 Prescott st
5. *Full Name of Mother* Lizzie Schmidt
6. *Mother's Maiden Name* Kotlemann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friedrich Schmidt
9. *Father's Occupation* Mon
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Sophia Simon
Address 1170 Gorsby st
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2112311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th "
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 3rd 1898
4. *Place of Birth (Street and Number)*	119 Peirce St
5. *Full Name of Mother*	Maria Miller
6. *Mother's Maiden Name*	" Pfeister
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Paul Miller
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Annie Meyenreke (Midwife)
Address	220 Preston St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24-2035

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Apl. 3
4. Place of Birth (Street and Number)	602 N. Balto. St.
5. Full Name of Mother	Margaret Blakiston
6. Mother's Maiden Name	Doenges
7. Mother's Birthplace	Balto.
8. Full Name of Father	Thos. Blakiston
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return	A. H. Wilson
Address	251 Mad. Ave
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24236

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 4 1878 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4. 1878.
4. Place of Birth (Street and Number)	211 Carrollton Ave.
5. Full Name of Mother	Julia E. Conway -
6. Mother's Maiden Name	Julia E. Sofahus.
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	A. M. Conway.
9. Father's Occupation	Cork
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jas. F. Powell M.D.
Address	224 Carrollton Ave
Remarks	Child Healthy

RETURN OF A BIRTH.

21237

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 7th

1. *Sex (~~state whether Male or Female~~)*
2. *Race or Color (~~if not of the white race~~)*
3. *Date of Birth* April 4th 1878 — 1 A.M.
4. *Place of Birth (Street and Number)* 486 East Pratt St
5. *Full Name of Mother* Attie Cranmer
6. *Mother's Maiden Name* " Dey
7. *Mother's Birthplace* New Jersey
8. *Full Name of Father* Thos C. Cranmer
9. *Father's Occupation* Sea Captain
10. *Father's Birthplace* New Jersey

Name of Medical Attendant, or other Person who makes this Return A Legg Chestzer M.D.

Address

Remarks

RETURN OF A BIRTH.

24238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 6 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	C.
3. Date of Birth	Apl. 4th 78
4. Place of Birth (Street and Number)	162 N. Eden st.
5. Full Name of Mother	Mary E.
6. Mother's Maiden Name	Carter
7. Mother's Birthplace	Balto. Co.
8. Full Name of Father	Jas. L. Reed
9. Father's Occupation	Teamster
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	R. F. & T. Donnelly
Address	101 Aisquith st
Remarks	

RETURN OF A BIRTH.

211239

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 8 1878

BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st H
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	~~the 4 Hoop St~~ the 4 of Aprill
4. *Place of Birth (Street and Number)*	No 4 Hoop St
5. *Full Name of Mother*	Katharina Shuster.
6. *Mother's Maiden Name*	Katharina Richter
7. *Mother's Birthplace*	Baltemore
8. *Full Name of Father*	Henz Richter
9. *Father's Occupation*	Tolor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Sauer
Remarks	177 Herber ave

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21240

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 4th 1875
4. Place of Birth (Street and Number)	23 Eastaw Ave
5. Full Name of Mother	Cecilia Ackermann
6. Mother's Maiden Name	Cecilia Morgenroth
7. Mother's Birthplace	Germany
8. Full Name of Father	Andrew Ackermann
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cashen
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

24-2441

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4
4. Place of Birth (Street and Number)	No 16 Forrest Place
5. Full Name of Mother	Mary Jane Bieley
6. Mother's Maiden Name	McCarty
7. Mother's Birthplace	Providence R.I.
8. Full Name of Father	John Bieley
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula A Chrissman
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

2/12/21

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 4th 1878
4. *Place of Birth (Street and Number)* No 180 Burgundy St
5. *Full Name of Mother* Sarah Deans
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Adam Deans Jr
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this return Deborah Thomas
Address 71 Burgundy Alley
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21243

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 4 1878
4. *Place of Birth (Street and Number)* 342 Hillsdale
5. *Full Name of Mother* Elizabeth Callen
6. *Mother's Maiden Name* Elizabeth Vanhorn
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Barney Callen
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mess & Gray

Address 193 Chester St

Remarks

Births are to be reported in every case, within ten days after birth, whether the child be born alive or dead, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2242111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* femail
2. *Race or Color (if not of the white race)* colarde
3. *Date of Birth* april the 14
4. *Place of Birth (Street and Number)* Baltimore west st. 14
5. *Full Name of Mother* Julia Logan
6. *Mother's Maiden Name* Julia Turner
7. *Mother's Birthplace* southhamblan county virginia
8. *Full Name of Father* robert h Logan
9. *Father's Occupation* coal dealer
10. *Father's Birthplace* richmond virginia

Name of Medical Attendant, or other Person who makes this return mrs milia grows

Address 181 gaap street

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

244-245

HEALTH DEPARTMENT 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	the first Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white race
3. Date of Birth	4th of April
4. Place of Birth (Street and Number)	Baltimore Cary st No 14
5. Full Name of Mother	Jemyma Catherine Butler
6. Mother's Maiden Name	Jemima Catharine Butler
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Alfred Dorsey
9. Father's Occupation	Grocery man
10. Father's Birthplace	West Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Gamble
Address	North 60 Harden st
Remarks	

RETURN OF A BIRTH.

9,42116

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 4th 1878
4. *Place of Birth (Street and Number)* 172 N. High St
5. *Full Name of Mother* Anna Johnson,
6. *Mother's Maiden Name* " Healy,
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Harry Johnson
9. *Father's Occupation* Morocco Finisher,
10. *Father's Birthplace* Baltimore,

Name of Medical Attendant, or other Person who makes this return John Morris M.D.

Address No. 5. Franklin St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24247

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

PR 12 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4 April
4. *Place of Birth (Street and Number)* 316 N. Howard St. Baltimore
5. *Full Name of Mother* Augusta Schepet.
6. *Mother's Maiden Name* Augusta Krüger
7. *Mother's Birthplace* Klopenburg. g. f. z. Oldenburg Germany
8. *Full Name of Father* Frank Schepker
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Lohne g. f. z. Oldenburg Germany

Name of Medical Attendant, or other Person who makes this Return. Frank Schepet.

Address 316 N. Howard St. Baltimore

Remarks Anna Dumler 60 Schroeder

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2112118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their plysical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Mulatto
3. *Date of Birth*	Apr 4 78
4. *Place of Birth (Street and Number)*	127 Vine
5. *Full Name of Mother*	Eleven Dodson
6. *Mother's Maiden Name*	Lee
7. *Mother's Birthplace*	Balto Md
8. *Full Name of Father*	Wm Dodson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Anne Arundel Co Md
Name of Medical Attendant, or other Person who makes this return	Lewis Bashman
Address	3 E 9
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21219

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	april 4th
4. *Place of Birth (Street and Number)*	no 87 carrie st
5. *Full Name of Mother*	Susan Long
6. *Mother's Maiden Name*	Susan Lee
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	arthur Long
9. *Father's Occupation*	labour
10. *Father's Birthplace*	Cambridge
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 pratt court
Remarks	

Sex living child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

When the child is illegitimate, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211250

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 4th 1878
4. *Place of Birth (Street and Number)*	No 352 E Fayette
5. *Full Name of Mother*	Susan E. Elliott
6. *Mother's Maiden Name*	Susan E. Hickey
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm E. Elliott
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A Allwell
Address	286 St Donogh st
Remarks	

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21251

HEALTH DEPT APR 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4th 1878
4. Place of Birth (Street and Number)	751 W. Baltimore St.
5. Full Name of Mother	Hannah Strauss.
6. Mother's Maiden Name	Rothschild
7. Mother's Birthplace	Germany.
8. Full Name of Father	Herman Strauss.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

RETURN OF A BIRTH.

24252

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Jewess.
3. Date of Birth	Apl 4th 1878
4. Place of Birth (Street and Number)	Canal Street 18 No 95
5. Full Name of Mother	Annie Jacob.
6. Mother's Maiden Name	Levin
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Isaac Jacob
9. Father's Occupation	Peddler
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Wm H Ellis
Address	46 H Eland Street
Remarks	

Any one at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the name of each child, and whether it was born alive or dead; if born alive, whether single, twin, triplet, or quadruplet; if born at the same birth with more than one child, whether first born, second born, third born, or fourth born; if born dead, whether born before, during, or after labor; and if a twin, triplet, or quadruplet born alive, whether first born, second born, third born, or fourth born; and also the sex, color, and date of birth of each child born alive, or dead, as the case may be; the number of children of the mother living, and the number born dead; the place of birth, street and number, if in a city, and the name of the township, if in the country; the full name, color, birthplace, occupation, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 5th 1878
4. Place of Birth (Street and Number) n. Wolf 74
5. Full Name of Mother Jane Elizabeth Armstrong
6. Mother's Maiden Name Day
7. Mother's Birthplace Ann Arundel Co Md
8. Full Name of Father Benjamin Hasea Armstrong
9. Father's Occupation Machinest
10. Father's Birthplace Baltimore

Name of Medical Attendant or other Person who makes this Return. E L Baldwin

Address 124 n. Exeter st

Remarks An uncommonly large child

RETURN OF A BIRTH.

24254

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 6 1878

BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	April 5th 1878
4. *Place of Birth (Street and Number)*	106 N. Exeter st.
5. *Full Name of Mother*	Anna Me. Murphy
6. *Mother's Maiden Name*	" " Marshall
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	William Murphy
9. *Father's Occupation*	Builder
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Pierre L. Dausebon M.D.
Address	27 N. Broadway
Remarks	

211233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

ndress at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vitals within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	5 of April
4. Place of Birth (Street and Number)	Lederhall St No 131.
5. Full Name of Mother	Mary foster
6. Mother's Maiden Name	Mary mary.
7. Mother's Birthplace	Virginia
8. Full Name of Father	John foster
9. Father's Occupation	Labor
10. Father's Birthplace	he was born in See.
Name of Medical Attendant, or other Person who makes this Return.	Messrs. Jones Baker
Address	West St No. 128
Remarks	

24256

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female Child
2. *Race or Color (if not of the white race)* of the Colord race
3. *Date of Birth* April the 5-18-78
4. *Place of Birth (Street and Number)* Etudor & 1085 Baltimore md
5. *Full Name of Mother* Mary E L Jones
6. *Mother's Maiden Name* Mary E L Sherman
7. *Mother's Birthplace* Dorchester County md
8. *Full Name of Father* John Jones
9. *Father's Occupation* White Washer
10. *Father's Birthplace* Baltimore County md

Name of Medical Attendant, or other Person who makes this Return. Luvinetta Woolford

Address Regester St 130 Baltimore md

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24257

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 6th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 5th 1878.
4. *Place of Birth (Street and Number)* 214 Bank St.
5. *Full Name of Mother* Katie Mac Donald.
6. *Mother's Maiden Name* Katie Wolf.
7. *Mother's Birthplace* America
8. *Full Name of Father* Archibald Mac Donald
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks —

RETURN OF A BIRTH.

24258

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The third birth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	the 5th of September
4. *Place of Birth (Street and Number)*	Baltimore Ridgely st No 90
5. *Full Name of Mother*	Christina Hepple
6. *Mother's Maiden Name*	Christina Shaffer
7. *Mother's Birthplace*	Washington
8. *Full Name of Father*	John Hepple
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs M Shafer
Address	South place no 418
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24239

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex (state whether Male or Female)*	Girl
2. *Race or Color (if not of the white race)*	Col. White
3. *Date of Birth*	5th April 1878
4. *Place of Birth (Street and Number)*	119 North Washington
5. *Full Name of Mother*	James Jenkins
6. *Mother's Maiden Name*	James Herbert
7. *Mother's Birthplace*	Annapolis
8. *Full Name of Father*	William Herbert
9. *Father's Occupation*	Ship Joiner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Essen & Kunkel
Address	111 North Chappel & John Kunkel
Remarks	Healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24260

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 / 4 / 1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	5th of April
4. *Place of Birth (Street and Number)*	63 Carlton st
5. *Full Name of Mother*	Eliza. Ann. Smith
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Calvert County MD
8. *Full Name of Father*	Henry Dorsey
9. *Father's Occupation*	A Hotel waiter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Pamelia. Blake
Address	63 ~~Carlton st~~ Carlton. st
Remarks	both are getting along very well

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24261

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child

1. *Sex* (state whether Male or Female) Female

2. *Race or Color* (if not of the white race) White

3. *Date of Birth* April 5, 1878

4. *Place of Birth* (Street and Number) No. 20 Pleasant st

5. *Full Name of Mother* Mary E. Deacon

6. *Mother's Maiden Name* Lowe

7. *Mother's Birthplace* Howard Co.

8. *Full Name of Father* William Deacon

9. *Father's Occupation*

10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Hall

Address 1953 Chester st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24262

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE

Name, William Ahaus

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 5th April

4. Place of Birth (Street and Number) 13 Lima St.

5. Full Name of Mother Augusta Ahaus

6. Mother's Maiden Name (Schomann) Schumann

7. Mother's Birthplace Baltimore

8. Full Name of Father Frederick (Fredk) Ahaus

9. Father's Occupation Cabinet Maker

10. Father's Birthplace Russia

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St Balto.

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24263

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth April 5th 1878

4. Place of Birth (Street and Number) 272 S Caroline St.

5. Full Name of Mother Matilda Crauser

6. Mother's Maiden Name " Lauterbach

7. Mother's Birthplace City

8. Full Name of Father Wm Crauser

9. Father's Occupation Patent Maker

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buslemeyer

Address 120 Bank st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21264

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 5th 1878
4. *Place of Birth (Street and Number)* 34 Rose st
5. *Full Name of Mother* Wilhelmina Huebner
6. *Mother's Maiden Name* " Doetter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Huebner
9. *Father's Occupation* Smith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buschert

Address 120 Bank st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. T. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24265

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 5th 1878.
4. *Place of Birth (Street and Number)* No. 171 S Broadway.
5. *Full Name of Mother* Mary Louise
6. *Mother's Maiden Name* Mary Foelger
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Hoyes Louise
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Hilgert.

Address No 82 E Monument st.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24266

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1

1. *Sex (~~state whether Male or~~ Female)* Male

2. *Race or Color (~~if not of the~~ white race)* White

3. *Date of Birth* April 6th 1878.

4. *Place of Birth (Street and Number)* 368 Lexington St.

5. *Full Name of Mother* Carrie L. Hammerbeck

6. *Mother's Maiden Name* Carrie L. Lasky

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* John L. Hammerbeck.

9. *Father's Occupation* Cigar Maker

10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John L. R. Wright M.D.

Address " "

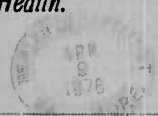
Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24267

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 4th 1878
4. Place of Birth (Street and Number)	9 Bonny St
5. Full Name of Mother	Bettie Sauerland
6. Mother's Maiden Name	Bettie Smidt
7. Mother's Birthplace	Germany
8. Full Name of Father	H. Sauerland
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St
Remarks	

RETURN OF A BIRTH.

24268

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether Male or Female)* ~~Child~~ male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* April 6
4. *Place of Birth (Street and Number)* 22 mc Cubbin st
5. *Full Name of Mother* Harriett Washington
6. *Mother's Maiden Name* Harnett Pembroke
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Washington
9. *Father's Occupation* cook Hotel
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Johnson

Address 32 Hurst st

Remarks Healthy Child

RETURN OF A BIRTH.

22269

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* A Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6th of April 1915
4. *Place of Birth (Street and Number)* 98 North Durham
5. *Full Name of Mother* Kate Kaul
6. *Mother's Maiden Name* Kate Sanger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wulf Sager
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Dr. Sig. Kunkel

Address 71 North Chapel & St. John Kunkel

Remarks Healthy

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21270

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 6th
4. *Place of Birth (Street and Number)* # 14 Bruce st
5. *Full Name of Mother* Julia Griffin
6. *Mother's Maiden Name* Julia Fitzgerald
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Maurice Griffin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address 845 Monroe St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2427

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth Child

1. *Sex (state whether Male or Female)* Male Child
2. *Race or Color (if not of the white race)* darke Complected
3. *Date of Birth* Six of April
4. *Place of Birth (Street and Number)* Balt Warner St 186
5. *Full Name of Mother* Sarah Ringgold
6. *Mother's Maiden Name* Sarah Brown
7. *Mother's Birthplace* Kent island
8. *Full Name of Father* Samuel Ringgold
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* Kent island

Name of Medical Attendant, or other Person who makes this return Mrs Brooks

Address Warner St 210

Remarks the Child is Well and Mother alsso

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

211272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	6 te
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	April 6. 1878
4. *Place of Birth (Street and Number)*	S. Eden str No 117
5. *Full Name of Mother*	Barbara Welsch
6. *Mother's Maiden Name*	Eichhorn
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Georg Welsch
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs F. Baumgarth
Address	S. Wolfe str No 28
Remarks	Mrs Dr. Wolfe

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24273

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 6th 1878
4. Place of Birth (Street and Number) No 79 Park Ave
5. Full Name of Mother Sidney Calhoun Harris
6. Mother's Maiden Name Sidney Calhoun Patterson
7. Mother's Birthplace Baltimore
8. Full Name of Father W. Hall Harris
9. Father's Occupation Attorney
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Whitridge M.D

Address No 114 Park Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

242 74

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Weiblich
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* 6t April
4. *Place of Birth (Street and Number)* 75 N. Fremont St.
5. *Full Name of Mother* Agatha Herrmann
6. *Mother's Maiden Name* Agatha Linz
7. *Mother's Birthplace* Carb. a. in. Weitenbay
8. *Full Name of Father* Conni Herrmann
9. *Father's Occupation* Tuchmacher
10. *Father's Birthplace* Baier. Ebrf. Baiern

Name of Medical Attendant, or other Person who makes this Return. Dr. Meyer

Address 2. Maydalena Rommersfeld

Remarks

Section 2. And be it further enacted, That the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2425

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 6th 1878
4. Place of Birth (Street and Number)	No 93 N. Summerset St.
5. Full Name of Mother	Mary Koenig
6. Mother's Maiden Name	Mary Hagner.
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Koenig
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Bull
Address	No 1350 E. E. cor. of Monument St. & Broadway
Remarks	Well & Dead.

Section 11. Be it further ordained, That it shall be the duty of the Registrar of Vital Statistics, Board of Health, to cause to be printed, and to furnish to the Physicians, Midwives, and Undertakers of the City, Blank Returns, in the following form, requiring the date of the birth, sex, color, and nativity of the child, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21276

HEALTH DEPARTMENT APR 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Apr 6th 1878

4. Place of Birth (Street and Number) Washington St. near Fountain Str

5. Full Name of Mother C. Bobbs

6. Mother's Maiden Name Mc Pherson

7. Mother's Birthplace Maryland

8. Full Name of Father C. Bobbs

9. Father's Occupation Laborer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this return Mrs Mary E. Simms

Address

Remarks # 203 Washington Str

F P.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2142 77

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	White.
2. Race or Color (if not of the white race)	Boy
3. Date of Birth	April 6th 1878
4. Place of Birth (Street and Number)	19 Orleans Street
5. Full Name of Mother	Eva Kirshberger
6. Mother's Maiden Name	Holtz
7. Mother's Birthplace	Europe
8. Full Name of Father	John Kirshberger
9. Father's Occupation	Merchant Tailor
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Dr. R. Wilbig
Address	48 Holland Street
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14
4. Place of Birth (Street and Number)	131 Battery Ave Baltimore Md
5. Full Name of Mother	Mary Elizabeth ~~Conroy~~ Pancoast
6. Mother's Maiden Name	" " Conroy
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	William Pancoast
9. Father's Occupation	Machine hand
10. Father's Birthplace	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Celestine Conway
Address	131 Battery Avenue
Remarks	Healthy

RETURN OF A BIRTH.

24279

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	April 7
4. Place of Birth (Street and Number)	1631 Lombard St.
5. Full Name of Mother	Azzelia Dundee
6. Mother's Maiden Name	Amelia Kelly
7. Mother's Birthplace	Ore the records would found Ireland to America
8. Full Name of Father	Wm Dundee
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland Ire.
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address	3968 Hayette St
Remarks	

11

RETURN OF A BIRTH.

21280

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	April 7
4. Place of Birth (Street and Number)	163 N. Lombard St
5. Full Name of Mother	Lucy Thompson
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Unknown
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Thomas Okie Gut.
Address	396 W. Fayette St
Remarks	

Any one at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11 214281

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 11

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 7th
4. Place of Birth (Street and Number) No 109 S. Register st
5. Full Name of Mother Sophie Rasmussen
6. Mother's Maiden Name Seffert
7. Mother's Birthplace Germany
8. Full Name of Father Christian Rasmussen
9. Father's Occupation Stonekeper
10. Father's Birthplace Denmark

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 355 S Bond st

Remarks

RETURN OF A BIRTH.

211282

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	7 April
4. *Place of Birth (Street and Number)*	96 Eutaw St Eastern
5. *Full Name of Mother*	
6. *Mother's Maiden Name*	Bridgett Murphy
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	[redacted] James Grant
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Louisa Willy
Address	132 Eutaw Corb avenue
Remarks	Miscarg. Ectudly 5 and 6 Months Foetal hair.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ceive at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24283

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT APR 9 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Angle-Saxon
3. *Date of Birth* Sunday - April 7th
4. *Place of Birth (Street and Number)* 142 North Eutaw
5. *Full Name of Mother* Laura Ireland
6. *Mother's Maiden Name* Laura Lady
7. *Mother's Birthplace* Anapolis Md
8. *Full Name of Father* George Ireland
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Alfred Powell M D

Address 82 Franklin St

Remarks

Blanks at the Health Office in the City or Counties, shall be furnished to Physicians and Midwives, and all Births occurring within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24284

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 7th
4. *Place of Birth (Street and Number)* No 58 Penna Ave
5. *Full Name of Mother* Marie Germain
6. *Mother's Maiden Name* Marie Geyer
7. *Mother's Birthplace* Balto Md.
8. *Full Name of Father* Henry Germain
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this return Dr Edgar Schmitt

Address No 476 Penna Ave

Remarks

Physicians and others, making Returns, will carefully fill the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

24285

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 7th 1878.
4. *Place of Birth (Street and Number)* Battery Av No 118.
5. *Full Name of Mother* Lizzie Ray.
6. *Mother's Maiden Name* Lizzie Bruns.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Robert H. Ray.
9. *Father's Occupation* Moulder.
10. *Father's Birthplace* Baltimore. Md.

Name of Medical Attendant, or other Person who makes this return Dorothea Bruns

Address 174 Battery Av.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 214286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Primipara.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th 1896.
4. Place of Birth (Street and Number)	146. Myrtle av.
5. Full Name of Mother	Mrs Lizzie Murphy.
6. Mother's Maiden Name	Lizzie E Brien.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	D. Horace Murphy
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A H Baptm. M D.
Address	543 Lexington St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7. 1878
4. Place of Birth (Street and Number)	Baltimore, 71 Burrough st
5. Full Name of Mother	Annie E Robison
6. Mother's Maiden Name	Annie E Delany
7. Mother's Birthplace	West Moreton County Va
8. Full Name of Father	J. J. Robison
9. Father's Occupation	Grocer
10. Father's Birthplace	West Moreton County Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

24288

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) tenth

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7th
4. *Place of Birth (Street and Number)* Lofmer St 115
5. *Full Name of Mother* Emme Yosnel
6. *Mother's Maiden Name* Emme Murry
7. *Mother's Birthplace* pennsylvania
8. *Full Name of Father* Sot Yosnel
9. *Father's Occupation* carpenter
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address 13 Clinton avenue

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24289

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six th child female

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Light
3. *Date of Birth* 7 th April
4. *Place of Birth (Street and Number)* Both Stockholm St. 19
5. *Full Name of Mother* Emma Morgan
6. *Mother's Maiden Name* Emma Lovell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Hammond
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Dr Heather Brooks

Address 210 Warner St between Cross and West sts

Remarks the Child is Well and Mother is Well

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24290

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born the 7 of Apl
4. *Place of Birth (Street and Number)* 191 Eagle St
5. *Full Name of Mother* M Catey Stein
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Miss Catey Seeman of germany
8. *Full Name of Father*
9. *Father's Occupation* Shumake
10. *Father's Birthplace* Geo. M. George Stein of germany

Name of Medical Attendant, or other Person who makes this Return.

Address Miss Dumler 60 Schroeder

Remarks

Every Physician, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth 7th of April.
4. Place of Birth (Street and Number) Baltimore. 138 W. Howard St.
5. Full Name of Mother Annie B Holtz.
6. Mother's Maiden Name Annie B Eisenhardt.
7. Mother's Birthplace Baltimore
8. Full Name of Father William R Holtz.
9. Father's Occupation Cigar maker.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anne Dumler 66 Lib[illegible]

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24292

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th 1878
4. Place of Birth (Street and Number)	No 484 Eutaw Place
5. Full Name of Mother	Kate Jenkins
6. Mother's Maiden Name	McShane
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alfonsus Legonier Jenkins
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 N Charles
Remarks	

RETURN OF A BIRTH.

24293

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr 7 - 1878
4. Place of Birth (Street and Number)	108 Druid Hill Ave
5. Full Name of Mother	Anna E Schuckle
6. Mother's Maiden Name	Hassmer
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Lewis P Schuckle
9. Father's Occupation	Bar-Tender
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Rueman
Address	87 Mulberry st
Remarks	

Whoever shall neglect, for more than ten days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

242194

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th 1878
4. Place of Birth (Street and Number)	46 S. Chester St.
5. Full Name of Mother	Mary F. Bump
6. Mother's Maiden Name	" Hughes
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Jesse Burch
9. Father's Occupation	Carpenter
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return	D.R.M. Mansfield
Address	117 S. Broadway
Remarks	

RETURN OF A BIRTH.

24295

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RECEIVED APR 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 4 1878
4. *Place of Birth (Street and Number)*	No 236 E Baltimore St
5. *Full Name of Mother*	Sally A. Ray
6. *Mother's Maiden Name*	Sally A. Ritter Ritter
7. *Mother's Birthplace*	Washington
8. *Full Name of Father*	Andrew J. Ray
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A Allwell
Address	286 Mc Donough St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24296

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Female the first Birth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	April the 7 1878
4. *Place of Birth (Street and Number)*	No 91 Orchard St
5. *Full Name of Mother*	Thane Edward Hall
6. *Mother's Maiden Name*	Merlina Waters
7. *Mother's Birthplace*	Drum Town Virginia
8. *Full Name of Father*	Thane Edward Hall
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Baltimor city
Name of Medical Attendant, or other Person who makes this return	Keator Bardley Doctor
Address	No 85 Orchard St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21297

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 29 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	April 7. 1878
4. Place of Birth (Street and Number)	47 Harrison Street
5. Full Name of Mother	Henriette Sax.
6. Mother's Maiden Name	Bartensel
7. Mother's Birthplace	Prussian Saxon
8. Full Name of Father	Leopold Sax.
9. Father's Occupation	Second hand dealer
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dr. Villig
Address	48 Holland Street
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24278

HEALTH DEPARTMENT APR 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1 Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	7 April 1878.
4. Place of Birth (Street and Number)	#61 Conway st.
5. Full Name of Mother	Catharine Dunn
6. Mother's Maiden Name	" Carlyle
7. Mother's Birthplace	England
8. Full Name of Father	James Dunn
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw st
Remarks	

RETURN OF A BIRTH.

24299

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 18 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Color
3. Date of Birth 4 11
4. Place of Birth (Street and Number) Leadenhall St
5. Full Name of Mother Tilda Bordley
6. Mother's Maiden Name Landman
7. Mother's Birthplace Kent Island
8. Full Name of Father Charles Bordley
9. Father's Occupation ~~Waiter~~ Single Occupation
10. Father's Birthplace Kent Island

Name of Medical Attendant, or other Person who makes this Return. Lemuel Little Johnson

Address 1112 Mercer St 193

Remarks

...en, 1s or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24300

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) W
3. Date of Birth April 7th A.D. 1878
4. Place of Birth (Street and Number) No 10 East ots
5. Full Name of Mother Catherine Hoffman
6. Mother's Maiden Name " Krug
7. Mother's Birthplace City
8. Full Name of Father Andreas Hoffman
9. Father's Occupation Pudler
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buchmann

Address 120 Bank ots.

Remarks

Within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24307

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 4th 1878
4. *Place of Birth (Street and Number)* 262 Canton Ave
5. *Full Name of Mother* Hanna Zabel
6. *Mother's Maiden Name* " Heitz
7. *Mother's Birthplace* City
8. *Full Name of Father* Edward Zabel
9. *Father's Occupation* Sugar Maker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Buschman

Address 120 Bank ste

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

And it shall be the duty of every person, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24302

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d VIII

1. Sex (state whether Male or Female) Male —
2. Race or Color (if not of the white race) Mulatto —
3. Date of Birth Apr. 8. 1878 —
4. Place of Birth (Street and Number) 18 Rica st —
5. Full Name of Mother Mary E. Wright —
6. Mother's Maiden Name
7. Mother's Birthplace Balto. City —
8. Full Name of Father Wm Garrett —
9. Father's Occupation Draymen —
10. Father's Birthplace Balt. City —

Name of Medical Attendant, or other Person who makes this Return. Saml A. Nebrew,

Address 12 Rica st —

Remarks This is the record of an illegitimate birth but the Midwife omitted before sending it in —

RETURN OF A BIRTH. 24303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th / 1/11
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 9th
4. Place of Birth (Street and Number)	7 McHenry St
5. Full Name of Mother	Bridget Henkle
6. Mother's Maiden Name	" Holland
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Henkle
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Gettysburg Pa
Name of Medical Attendant, or other Person who makes this Return.	P. A. Uhler M. D.
Address	234 W. Fayette St

Remarks The membranes ruptured 4 days before pains set in, the child a footling presentation was very feeble and after a few gasps died. from asphyxia.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th April 1878
4. Place of Birth (Street and Number)	365 Orleans Street
5. Full Name of Mother	Sophia Gertner
6. Mother's Maiden Name	Sophia A. Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Gertner
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24305

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Girl

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) W
3. Date of Birth April 8 1895
4. Place of Birth (Street and Number) 336 Light st
5. Full Name of Mother Jennetta Krause
6. Mother's Maiden Name Jennette Eckhart
7. Mother's Birthplace Germany
8. Full Name of Father Otto L Krause
9. Father's Occupation Car Driver
10. Father's Birthplace Pa

Name of Medical Attendant, or other Person who makes this Return. J Whitman MD

Address 23 Franklin "

Remarks

Also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24306

HEALTH DEPARTMENT APR 20 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex (state whether Male or Female)* a fine girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 th
4. *Place of Birth (Street and Number)* Wagon alley 31
5. *Full Name of Mother* Liggy Winyard
6. *Mother's Maiden Name* Liggy Kirchner
7. *Mother's Birthplace* germany
8. *Full Name of Father* James Winyard
9. *Father's Occupation* Laborer
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address 13 Clinton avenue

Remarks

RETURN OF A BIRTH.

24307

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE
MAR 29 1878

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~)	7te
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	Wht.
3. *Date of Birth*	April 8, 1878
4. *Place of Birth (Street and Number)*	S. Forest Str No 30.
5. *Full Name of Mother*	Margaretha Bier
6. *Mother's Maiden Name*	Richter
7. *Mother's Birthplace*	Letzendorf Bavern
8. *Full Name of Father*	Johann Bier
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs. E. Bornbach
Address	S. Wolf Str No 28
Remarks	M. Trupp

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24308

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

APR 12 1870 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	8th day of April
4. Place of Birth (Street and Number)	No. 409. W. Pratt St
5. Full Name of Mother	Wilhelmina Spangenberg.
6. Mother's Maiden Name	" " Kunnecke
7. Mother's Birthplace	G. Rihden . P. Hanover.
8. Full Name of Father	Phillip Spangenberg
9. Father's Occupation	Knocksler
10. Father's Birthplace	Cassel
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs. Dumler No 60. N. Crocker St
Remarks	

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

D4309

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Brown complection
3. *Date of Birth* April 6th 1878
4. *Place of Birth (Street and Number)* 1138 Holiday Street
5. *Full Name of Mother* Mary Ellen Bayier
6. *Mother's Maiden Name* Mary E Laventon
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* P. H. Bayier
9. *Father's Occupation* Musician
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address 16 Hamilton Street

Remarks

RETURN OF A BIRTH.

24310

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	april 8th
4. *Place of Birth (Street and Number)*	no 8 plawnsbully
5. *Full Name of Mother*	mary mosle
6. *Mother's Maiden Name*	maiden name unknown
7. *Mother's Birthplace*	virginia
8. *Full Name of Father*	bengamine mosle
9. *Father's Occupation*	labour
10. *Father's Birthplace*	virginia
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Dorter
Address	
Remarks	no 4 patps co uvers healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24311

APR 15 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 8th 1878.
4. Place of Birth (Street and Number)	240 N. Front St.
5. Full Name of Mother	Mary E. Morgan,
6. Mother's Maiden Name	Burns.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John J. Morgan.
9. Father's Occupation	Silver Plater.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Edward P. McDevitt
Address	137 N. Exeter St
Remarks	

RETURN OF A BIRTH.

21312

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 18
4. *Place of Birth (Street and Number)* Baltimore N. 317 Broadway St
5. *Full Name of Mother* Anna Hans
6. *Mother's Maiden Name* Anna Rennert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jonas Hans
9. *Father's Occupation* Cigar Finder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lander

Address 60 Schroder St

Remarks

RETURN OF A BIRTH. 24313

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

APR 11 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	April 9 1878
4. Place of Birth (Street and Number)	163 E. Lombard St
5. Full Name of Mother	Annie Hiser
6. Mother's Maiden Name	Annie Hiser
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mr Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return	Dan'l Strett M.D.
Address	163 E. Lombard St
Remarks	Mother & child of good physician & doing well.

Blanks to be filled in any Child, Within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

243111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 9th 1878
4. *Place of Birth (Street and Number)*	44 Hill St.
5. *Full Name of Mother*	Catharine Broening
6. *Mother's Maiden Name*	" Patterson
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry J. Broening
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	R. J. N. Tall. M. D.
Address	152 Sharp St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ndivisee at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24315

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 12 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 9th April 1878
4. Place of Birth (Street and Number) 424 East Gambard st
5. Full Name of Mother Lizzy Shute
6. Mother's Maiden Name Lizzy Shuart
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Shuart
9. Father's Occupation Cigar manufactory
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Cressin Runge

Address 11 North Chapple st & John Hunter

Remarks Healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24316

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 12 1878
BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth 9th April
4. Place of Birth (Street and Number) 36 ~~11~~ Hamberg St
5. Full Name of Mother Catharine Marsberger
6. Mother's Maiden Name Catharine Ditzel
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Marsberger
9. Father's Occupation Shoe Maker & store Keeper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. G. Brewer M.D.

Address 258 W. Fayette St.

Remarks

RETURN OF A BIRTH.

24317

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 12 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 9th 1878
4. *Place of Birth (Street and Number)* 154 W. Pratt st.
5. *Full Name of Mother* Elisabeth H Mc. Quade
6. *Mother's Maiden Name* " " Murray
7. *Mother's Birthplace* Waterbury Connecticut
8. *Full Name of Father* Michael J Mc. Quade
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Pierre G. Dausch M.D

Address 27 N. Broadway

Remarks

a Child at the Birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24318

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 9th 1878
4. *Place of Birth (Street and Number)* 139 N. Calhoun St.
5. *Full Name of Mother* Lucy Wilson Sperry
6. *Mother's Maiden Name* Luky Wilson
7. *Mother's Birthplace* Boydton Mecklenburg Co. Va.
8. *Full Name of Father* Richard Benjamin Sperry.
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Georgetown S. Carolina.

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard M.D.

Address 1 E. Madison St.

Remarks Natural Presentation Labor

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24319

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 12 1878

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 9th 1878.
4. *Place of Birth (Street and Number)* 47 Bank St.
5. *Full Name of Mother* Dora Kretschmar.
6. *Mother's Maiden Name* Dora Gerhardt
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Ernst Kretschmar.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Smead

Address No. 137 Wolfe St

Remarks 43

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24320

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 9th. 1878
4. Place of Birth (Street and Number) Bank St. No 34.
5. Full Name of Mother Elizabetha Loose
6. Mother's Maiden Name Elizabetha Loose
7. Mother's Birthplace Baltimore City
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return Mary E. Miller

Address No. Dallas St. No 26.

Remarks

Advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7th Child

1. *Sex* (*state whether* ~~Male or~~ *Female*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* April the 9. 1878
4. *Place of Birth* (*Street and Number*) E. Fayette A. 1 1/2 338.
5. *Full Name of Mother* Margaretha Hörr
6. *Mother's Maiden Name* Margaretha Naumann
7. *Mother's Birthplace* Pittsburg, Pa.
8. *Full Name of Father* John Hörr
9. *Father's Occupation* Pastor
10. *Father's Birthplace* Pittsburg, Pa.

Name of Medical Attendant, or other Person who makes this return Mary E. Mullen

Address N. Dallas St. No. 26.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24322

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d~~, &c.)	2nd
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th April 1878
4. Place of Birth (Street and Number)	Balto & Charles near Wells
5. Full Name of Mother	Marion S Bankard Randall
6. Mother's Maiden Name	Marion S Bankard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jn L Randall
9. Father's Occupation	Com Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	C B Gundlach M.D.
Address	100 Cathedral St
Remarks	

Any Physician or Midwife in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24323

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4th 1878
4. Place of Birth (Street and Number)	397 E. Pratt St.
5. Full Name of Mother	Lena Haynie
6. Mother's Maiden Name	Lena Bullock
7. Mother's Birthplace	Balto.
8. Full Name of Father	John Haynie
9. Father's Occupation	Oysterman
10. Father's Birthplace	Northumberland Co. Va
Name of Medical Attendant, or other Person who makes this Return.	B W Mansfield M.D.
Address	117 S. Broadway
Remarks	

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24324

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 16 1878
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 9
4. Place of Birth (Street and Number)	Baltimore 74 Holland st
5. Full Name of Mother	Mahala Lewis
6. Mother's Maiden Name	Mahala Peerson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jesse Lewis
9. Father's Occupation	Laboring
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Geo Waber
Address	
Remarks	

RETURN OF A BIRTH.

24325

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth 6
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 4 1878
4. *Place of Birth (Street and Number)*	439 Eastern
5. *Full Name of Mother*	Calhiren Ethel
6. *Mother's Maiden Name*	Calhiren Ellen
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Ethel
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Louisa Wiley
Address	112 Patapsco Park avenue
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24326

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Apr 9

4. Place of Birth (Street and Number) Mount st No 99

5. Full Name of Mother Elizabeth Dinsblir

6. Mother's Maiden Name Arnold

7. Mother's Birthplace [redacted] Ridde

8. Full Name of Father [redacted] Dinsblir

9. Father's Occupation Conductor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. C Sinclair

Address No 59 Fredrik av

Remarks

Rule 21. The Birth of any Child, whether in the City or Almshouses, shall be reported to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 11 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health. 24327

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2cd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 7th. 1878.
4. Place of Birth (Street and Number)	No 283. N Central avenue
5. Full Name of Mother	Lizie Feiger
6. Mother's Maiden Name	Lizie Shueman
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	Steven Feiger
9. Father's Occupation	Carpenter
10. Father's Birthplace	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. J. Bell
Address	No 185 NE. cor. Monument St. & Central av
Remarks	All Well.

RETURN OF A BIRTH.

24328

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9th April 1878
4. *Place of Birth (Street and Number)* 72 Courtland St.
5. *Full Name of Mother* Mary Geiger
6. *Mother's Maiden Name* " Cressantiff
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adolph Geiger
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Cooper

Address 512 E. Lombard

Remarks

Above at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21329

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	9 April 1878
4. Place of Birth (Street and Number)	285 Pratt St.
5. Full Name of Mother	Elizabeth Susan
6. Mother's Maiden Name	Micheal
7. Mother's Birthplace	U.S.
8. Full Name of Father	Peter Susan
9. Father's Occupation	Barber
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 S. Lombard
Remarks	

RETURN OF A BIRTH.

24330

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 9th 1878
4. Place of Birth (Street and Number)	Chesnut Street no 97
5. Full Name of Mother	Eliza Custis
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginnia
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address	No 97 Chesnut Stree
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24331

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 10th 1878
4. *Place of Birth (Street and Number)* Barnum Hotel -
5. *Full Name of Mother* Sarah Hodges - Fitzgerald -
6. *Mother's Maiden Name* Sarah Hodges
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Edwin Fitzgerald
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Norfolk Va -

Name of Medical Attendant, or other Person who makes this Return.

Address A. J. Bell M.D. 206 Mad Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24332

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 11th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 10th 1878.
4. *Place of Birth (Street and Number)* 126 Wolfe St.
5. *Full Name of Mother* Mathilda Diehl
6. *Mother's Maiden Name* Mathilda Mönch.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Luis Diehl
9. *Father's Occupation* Teacher.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. M. W. M. Simond.

Address No. 137 Wolfe St

Remarks —

Physicians, Midwives, Householders, Undertakers, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE APR 12 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8 1/11
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 April
4. Place of Birth (Street and Number)	247 N Eden St
5. Full Name of Mother	Elisabetta Booth
6. Mother's Maiden Name	Busnar
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo W Booth
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Shmyzer
Address	No 7 Forest Place
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24334

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth 10 day of April 1878
4. Place of Birth (Street and Number) Hanover st 428
5. Full Name of Mother mary E Sullivan
6. Mother's Maiden Name mary E Hogan
7. Mother's Birthplace Baltimore
8. Full Name of Father Henry D Sullivan
9. Father's Occupation seaman
10. Father's Birthplace Boston

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address Collington av

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Md. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21335

HEALTH DEPARTMENT 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st,
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	April 10, 1878.
4. Place of Birth (Street and Number)	214 Pierce St.
5. Full Name of Mother	Annie H. Boone,
6. Mother's Maiden Name	Sudor,
7. Mother's Birthplace	Baltimore,
8. Full Name of Father	John Wesley Boone,
9 Father's Occupation	Lumber Inspector.
10. Father's Birthplace	Baltimore,
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan.
Address	175 Saratoga St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214336

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 10th 1878
4. *Place of Birth (Street and Number)* 362 Orlin st
5. *Full Name of Mother* Karoline Kaune
6. *Mother's Maiden Name* Karoline Rege
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Konrat Kaun
9. *Father's Occupation* Brot Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Marie Rudiger

Address 134 N Bondst

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24337

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth Wednesday April 10th

4. Place of Birth (Street and Number) 495 Franklin St

5. Full Name of Mother Agnes Garner Norfolk

6. Mother's Maiden Name Agnes Garner Osbourne

7. Mother's Birthplace Calvert County Md.

8. Full Name of Father Joseph Richard Norfolk

9. Father's Occupation Plasterer

10. Father's Birthplace Calvert County Md

Name of Medical Attendant, or other Person who makes this Return. Jacob Hall

Address 317 Mosher St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24338

HEALTH DEPARTMENT APR 15 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend the birth of any child, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 10th 1878
4. Place of Birth (Street and Number)	N. E. Cor. of Balt & High Sts.
5. Full Name of Mother	Mary P. Geiger.
6. Mother's Maiden Name	Mary P. Logsdon.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Jno. W. Geiger.
9. Father's Occupation	Pharmaceutist.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	J. D. Powell. M.D.
Address	524 Castrollon Ave.
Remarks	Child - Healthy -

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24339

111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 111

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) white
3. Date of Birth April 10 1878
4. Place of Birth (Street and Number) # 295 Caton Ave
5. Full Name of Mother Martina Benson
6. Mother's Maiden Name Martina Crampe
7. Mother's Birthplace Germany
8. Full Name of Father Henry Benson
9. Father's Occupation Seaman
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louis Klopf

Address # 236 Caton Ave

Remarks

RETURN OF A BIRTH. 24340

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. APR 15 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 10 1878
4. *Place of Birth (Street and Number)* 263 South Bond st
5. *Full Name of Mother* Mathilda Gloss
6. *Mother's Maiden Name* Mathilda Schuyler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Gloss
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louis Klopf

Address 206 Caton ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24341

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	10 April 1878
4. Place of Birth (Street and Number)	156 High St.
5. Full Name of Mother	Minnie Murphy
6. Mother's Maiden Name	Casey
7. Mother's Birthplace	U. States
8. Full Name of Father	Frank Murphy
9. Father's Occupation	Laborer
10. Father's Birthplace	U. States of America
Name of Medical Attendant, or other Person who makes this Return.	Chas. Carper
Address	52 E. Lombard
Remarks	

RETURN OF A BIRTH.

24342

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
17
1878
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 10
4. *Place of Birth (Street and Number)* 31 Warner St.
5. *Full Name of Mother* Anna Roeder
6. *Mother's Maiden Name* " Schaffer
7. *Mother's Birthplace* Bremen Germany
8. *Full Name of Father* Henry Roeder
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Bremen

Name of Medical Attendant, or other Person who makes this Return. Henry Koch

Address 328 South Exeter St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24343

HEALTH DEPARTMENT
OCT
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 child born 10th Sept

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th Sept 1878
4. *Place of Birth (Street and Number)* Baltimore Ridgley st. 66
5. *Full Name of Mother* Mary E. Dawes
6. *Mother's Maiden Name* Mary E. Jordan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Dawes
9. *Father's Occupation* Painter
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return. Mrs K Selbert

Address 437 W Pratt st. Baltimore

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24344

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

Name: Edgar Allen Clark

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Apl 10th 1878
4. Place of Birth (Street and Number)	Bond & Lemmon sts
5. Full Name of Mother	Emma
6. Mother's Maiden Name	Poe
7. Mother's Birthplace	Balt. Co.
8. Full Name of Father	Neal Clark
9. Father's Occupation	Model Maker
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return	F. H. Kemmelmeyer
Address	156 Marquis Av
Remarks	

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24345

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 11 1878 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (~~if not of the white race~~)*
3. *Date of Birth* April 11th 1878 11 A.M.
4. *Place of Birth (Street and Number)* 106 South Exeter St
5. *Full Name of Mother* Sarah L. Carr
6. *Mother's Maiden Name* " " Wright
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Alexander Carr
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. A. Ingo Sheckells M.D.

Address 11 S. Highland

Remarks

RETURN OF A BIRTH. 211316

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 12 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 11
4. Place of Birth (Street and Number)	Baltimore. 101 Johnson st
5. Full Name of Mother	Eliza Bennett
6. Mother's Maiden Name	McCloud
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Bennett
9. Father's Occupation	Captain of oyster Scooner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211317

HEALTH DEPARTMENT
APR
22
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 2d
1. Sex (state whether Male or Female)	Brownie
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	4 April 1878
4. Place of Birth (Street and Number)	Baltimore above Pratt
5. Full Name of Mother	Abbie
6. Mother's Maiden Name	Jones Roe
7. Mother's Birthplace	Bahama
8. Full Name of Father	John Peal
9. Father's Occupation	Sailor
10. Father's Birthplace	Bahama
Name of Medical Attendant, or other Person who makes this Return.	Mary Wood
Address	20 Light St Baltimore Md.
Remarks	

nt/else at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

D 14.3118

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 11th 1878
4. Place of Birth (Street and Number)	142 S. Green st.
5. Full Name of Mother	Mary E. Simms
6. Mother's Maiden Name	Swan
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jos. L. Simms
9. Father's Occupation	Stove dealer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	R. C. Lee
Address	Hanover & Barre sts
Remarks	

RETURN OF A BIRTH.

24349

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT APR 12 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 11th 1878
4. *Place of Birth (Street and Number)*	80 York St.
5. *Full Name of Mother*	Mary Jane Owens
6. *Mother's Maiden Name*	Hall
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Jno W. Owens
9. *Father's Occupation*	Horse Shoer
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return	R. C. Lee
Address	Hanover & Barre Sts
Remarks	

RETURN OF A BIRTH.

24350

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 13 1978
BALTIMORE

dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 C.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	Ap. 11
4. Place of Birth (Street and Number)	Hoffman near Druid Hill Ave
5. Full Name of Mother	Sandra Billmies
6. Mother's Maiden Name	Neal
7. Mother's Birthplace	Balto.
8. Full Name of Father	N. N. Billmies
9. Father's Occupation	Seaton
10. Father's Birthplace	Pa.
Name of Medical Attendant, or other Person who makes this Return.	A. M. Wilson
Address	251 Mad. Ave.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born- its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24357

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* April 11th 1878
4. *Place of Birth (Street and Number)* 14 Argyle Avenue,
5. *Full Name of Mother* Mary Louisa Boyd,
6. *Mother's Maiden Name* " " Dempsey,
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Joseph B. Boyd,
9. *Father's Occupation* Police Officer,
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return Hiram Morris M. D.

Address No 5 Franklin St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24352

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	11th apr. 1878.
4. *Place of Birth (Street and Number)*	Burke Rd.
5. *Full Name of Mother*	R. B. Klimm.
6. *Mother's Maiden Name*	R. Bonhag
7. *Mother's Birthplace*	America
8. *Full Name of Father*	A. Klimm
9. *Father's Occupation*	Labourer
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this return	Mrs. Mary E. Simms
Address	
Remarks	#203 Washington Ave & H.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24353

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 13 1878
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4th)
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth 11th April 1878
4. Place of Birth (Street and Number) 718 Hamburg St
5. Full Name of Mother Louisa Gray
6. Mother's Maiden Name " Hall
7. Mother's Birthplace Howard Co Md
8. Full Name of Father Henry Gray
9. Father's Occupation Paul Laborer
10. Father's Birthplace Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return. Jno. D. Claiborne M D
Address 17 S Calvert St
Remarks

RETURN OF A BIRTH.

24354

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Every Physician, Midwife, or other person in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 11th 1878
4. *Place of Birth (Street and Number)*	422 Canton Ave
5. *Full Name of Mother*	Henrietta Engler
6. *Mother's Maiden Name*	Hell
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Charles F. Engler
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Elizabeth Bushman
Address	120 Bank st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24355

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 11th 1878

4. Place of Birth (Street and Number) 150 Madeira Alley

5. Full Name of Mother Kunigunda Ott

6. Mother's Maiden Name " " Kemer

7. Mother's Birthplace Germany

8. Full Name of Father John Ott

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Bushmaster

Address 720 Canton Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24356 new

HEALTH DEPARTMENT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Helene Caroline Otilie.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* the 11 April 1878.
4. *Place of Birth (Street and Number)* 193 Hamburg St.
5. *Full Name of Mother* Theodore Christine Emilie Brust.
6. *Mother's Maiden Name* Theodore Christine Emilie Weyel
7. *Mother's Birthplace* Rothby Aarborn. Nassau. Europa
8. *Full Name of Father* Johann Jacob Brust.
9. *Father's Occupation* Schoolteacher.
10. *Father's Birthplace* Neckarweihingen O.A. Ludwigsburg Wirttemberg

Name of Medical Attendant, or other Person who makes this Return. Wm. M. Streng

Address J. J. Brust. 193 Hamburg St. Baltimore Md.

Remarks No. 7 A. Lieutenant Street

RETURN OF A BIRTH.

24357

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 20 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 2d 1878.
4. Place of Birth (Street and Number)	53 N. Bond Baltimore
5. Full Name of Mother	Maria Metzger
6. Mother's Maiden Name	Maria Kobert
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Metzger Frank
9. Father's Occupation	Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dr Dr Schuster
Address	
Remarks	

RETURN OF A BIRTH.

24358

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First one
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 1878
4. *Place of Birth (Street and Number)*	68. N. center st
5. *Full Name of Mother*	Fannie Kerseling
6. *Mother's Maiden Name*	Fannie Ferrari
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Kerseling
9. *Father's Occupation*	Basket Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Dr. [illegible] J. Gilmore
Address	No. 26. N. Fremont St
Remarks	

arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24359

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. APR 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April
4. *Place of Birth (Street and Number)* 76 Boyd Street
5. *Full Name of Mother* Bridg. E. C. O'Hayre
6. *Mother's Maiden Name* " " " McGrath
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Timothy P. O'Hayre
9. *Father's Occupation* Shoemacker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunler & Worth Shroder

Address

Remarks

RETURN OF A BIRTH. 24360

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*)	2nd
1. *Sex* (*state whether Male or Female*)	Male
2. *Race or Color* (*if not of the white race*)	White
3. *Date of Birth*	April 2d 1878
4. *Place of Birth* (*Street and Number*)	107 Leadenhall St
5. *Full Name of Mother*	Margaret A. Adams
6. *Mother's Maiden Name*	Margaret A. Trumbell
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Benj F. Adams
9. *Father's Occupation*	Machinist
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24361

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

adviso at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Apl. 12
4. Place of Birth (Street and Number)	Co. Lewis Hibb. Av. & McMechen
5. Full Name of Mother	Mary Moro
6. Mother's Maiden Name	
7. Mother's Birthplace	Italy
8. Full Name of Father	Moro
9. Father's Occupation	Artist
10. Father's Birthplace	Italy
Name of Medical Attendant, or other Person who makes this Return.	J. H. Whitson
Address	257 Mad. Ave
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24362

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Apl 12
4. Place of Birth (Street and Number)	218 George St
5. Full Name of Mother	Clara Johnston
6. Mother's Maiden Name	Clara Maloney
7. Mother's Birthplace	Balto
8. Full Name of Father	Ed Johnston
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return	H M Wilson
Address	257 Mad. Ave
Remarks	

RETURN OF A BIRTH. 24363

APR 15 1878 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th "
1. *Sex (state whether Male or Female)*	Female. "
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 12th 1878.
4. *Place of Birth (Street and Number)*	34 Central Av.
5. *Full Name of Mother*	Ann. Wallace.
6. *Mother's Maiden Name*	" Harkey
7. *Mother's Birthplace*	Ireland.
8. *Full Name of Father*	Michael Wallace
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Edward O'Mroicks
Address	137 E Eastern ah
Remarks	

...nishes at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24364

HEALTH DEPT. APR 15 1878 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 13th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 12th 1878.
4. *Place of Birth (Street and Number)* 72 Register St.
5. *Full Name of Mother* Rosa Schaaf.
6. *Mother's Maiden Name* Rosa Hermanns
7. *Mother's Birthplace* America.
8. *Full Name of Father* Henry Schaaf.
9. *Father's Occupation* Chist Manufactory.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Arnold

Address No. 137 Wolfe St.

Remarks C. D.

RETURN OF A BIRTH.

24365

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 13 11 13

APR 15 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 12th 1878.
4. *Place of Birth (Street and Number)* 255 Durham St.
5. *Full Name of Mother* Katie Singer.
6. *Mother's Maiden Name* Katie Wagner.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Martin Singer.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Smead.

Address No. 137 Wolfe St

Remarks E/F

RETURN OF A BIRTH.

24366

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE.

11

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 11 12
4. Place of Birth (Street and Number) No 135 South Bethel St
5. Full Name of Mother Sophia Cooper
6. Mother's Maiden Name Sophia Cooper
7. Mother's Birthplace Baltimore
8. Full Name of Father No Account
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lear Walker

Address No 198 South Dallas St Balto

Remarks Maiden Attendance

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24367

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 VI VI

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth 12 April 1878

4. Place of Birth (Street and Number) 35 Front St.

5. Full Name of Mother Ellen Henrietta

6. Mother's Maiden Name " McCee

7. Mother's Birthplace U. States

8. Full Name of Father Chris. Henrietta

9. Father's Occupation Junk Dealer

10. Father's Birthplace U. States

Name of Medical Attendant, or other Person who makes this Return. Sarah Cusper

Address 52 E. Lombard

Remarks

RETURN OF A BIRTH. 24368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 12. 1878.
4. *Place of Birth (Street and Number)* 13 Weber st.
5. *Full Name of Mother* Esther Frances Bangs.
6. *Mother's Maiden Name* Esther Frances Lewis.
7. *Mother's Birthplace* South Yarmouth Mass.
8. *Full Name of Father* Eli Bangs jr.
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Bridgton N. J.

Name of Medical Attendant, or other Person who makes this Return. T. Dougherty M. D.

Address 178 Penna Ave.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24369

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 29 1878 BALTIMORE

1/1

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	1 te
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	April 13. 1878
4. *Place of Birth (Street and Number)*	2 S. Register str. No 32
5. *Full Name of Mother*	Anna Frank
6. *Mother's Maiden Name*	Kerny
7. *Mother's Birthplace*	Ebersbach Oestreich
8. *Full Name of Father*	Johann Frank
9. *Father's Occupation*	Wagenmaker
10. *Father's Birthplace*	Wessenburg Bayern
Name of Medical Attendant, or other Person who makes this return	Wm. L. Baumach
Address	S. Wolfe str No 28
Remarks	Mother

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24-370

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth 13th April 1878
4. Place of Birth (Street and Number) 56 S Broadway
5. Full Name of Mother Dedie E. Louderman
6. Mother's Maiden Name Riggs
7. Mother's Birthplace Frederick Co
8. Full Name of Father Frederick R Louderman
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. C. P. Sims M.D.

Address 406 E. Baltimore St.

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 23 1878
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 8th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 13th April.
4. *Place of Birth (Street and Number)* No 30 Winter St.
5. *Full Name of Mother* Britschet Tolby
6. *Mother's Maiden Name* Britchet Corken
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Rat Tolby.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Miss Katherine Horner

Address No. 106 West Street.

Remarks

RETURN OF A BIRTH.

211372

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 13th 1878
4. *Place of Birth (Street and Number)* 130 S. High st.
5. *Full Name of Mother* Jane Annie Agnes Beatty
6. *Mother's Maiden Name* " " " Neill
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* William John Beatty
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this Return. Peter G. Dausch M. D.

Address 27 N. Broadway

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24373

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~2 Feb~~ 1878 April, 1878.
4. Place of Birth (Street and Number)	87 Edmondson Avenue, Balto. City
5. Full Name of Mother	Martha Senauda Chenoweth
6. Mother's Maiden Name	Martha Senauda Morrison
7. Mother's Birthplace	Baltimore County — Maryland
8. Full Name of Father	Oliver Beckman Chenoweth
9 Father's Occupation	Butter Dealer
10. Father's Birthplace	Baltimore City, Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm. J. Wroth, M.D.
Address	418 N. Howard St
Remarks	

ndvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 24374

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR
16
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fifth
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 13/78
4. Place of Birth (Street and Number)	No. 44. Hanover St
5. Full Name of Mother	Mary Lavinia Lange
6. Mother's Maiden Name	Mary Lavinia Abernethy
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jacob Philip Lange
9. Father's Occupation	Harnessmaker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Gerstenberger
Address	No Portland St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24375

HEALTH DEPARTMENT 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st 2d & 3d (3) Children
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th day of April 1878
4. Place of Birth (Street and Number)	Baltimore Corner of No 114
5. Full Name of Mother	Louisa E Gerlick
6. Mother's Maiden Name	Louisa E Deitz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Danl. C Gerlick
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Celestine Conway
Address	131 Bellevue Avenue
Remarks	Healthy

RETURN OF A BIRTH.

24376

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
1878
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 13th 1878
4. Place of Birth (Street and Number)	No 181 E Monument St.
5. Full Name of Mother	Kate Kilford
6. Mother's Maiden Name	Kate – Kafe
7. Mother's Birthplace	England
8. Full Name of Father	Thomas Kilford
9. Father's Occupation	Iron Moulder
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Butt.
Address	No 185 E & cor. Monument St & Centre Lane.
Remarks	Well.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24377

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 11 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4. th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 12. 1878
4. Place of Birth (Street and Number)	No 42. Durham St.
5. Full Name of Mother	Mary Adams
6. Mother's Maiden Name	Mary Mutcher
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Adams
9. Father's Occupation	Rags Peddler
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Butt
Address	No 145 S E cor of Monument & Central ave
Remarks	Both Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24378

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	13 April 1878
4. Place of Birth (Street and Number)	83 Cranberry St.
5. Full Name of Mother	Ellen Gavell
6. Mother's Maiden Name	" Donavon
7. Mother's Birthplace	U. S.
8. Full Name of Father	Michael Gavell
9. Father's Occupation	Laborer
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carper
Address	52 E Lexington
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21379

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	13 April 1878
4. Place of Birth (Street and Number)	23 Canal St
5. Full Name of Mother	Annie Kerper
6. Mother's Maiden Name	Moore
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mike Kerper
9. Father's Occupation	Tavern Keeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carson
Address	52 C. Lombard
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24380

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	3rd & 4th April 1878
4. Place of Birth (Street and Number)	36 Allemark St
5. Full Name of Mother	Catherine Sandermann
6. Mother's Maiden Name	Catherine Koch
7. Mother's Birthplace	United States
8. Full Name of Father	Felix Sandermann
9. Father's Occupation	Laborer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard St
Remarks	

RETURN OF A BIRTH.

24381

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First R. —
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Apr. 13th 1878
4. *Place of Birth (Street and Number)*	# 176 E. Chapel ctr W.
5. *Full Name of Mother*	J. B. Fisher
6. *Mother's Maiden Name*	Josephine Buttenbiehm
7. *Mother's Birthplace*	Germany —
8. *Full Name of Father*	P. L. Fisher —
9. *Father's Occupation*	Brick maker —
10. *Father's Birthplace*	Germany —
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Simms
Address	# 203 Washington Pl.
Remarks	

H. C.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ulvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24382

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	13th apr. 1878
4. *Place of Birth (Street and Number)*	# 176 E. Chapel Str
5. *Full Name of Mother*	T. B. Brenner
6. *Mother's Maiden Name*	Tracy Brown
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Geo Brenner
9. *Father's Occupation*	Cap maker
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Simms
Address	# 203 E Washington Str
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24383

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Brooklyn

1. *Sex (state whether Male or Female)* = Male =
2. *Race or Color (if not of the white race)* = it = is = colored
3. *Date of Birth* April 13 18 78
4. *Place of Birth (Street and Number)* Durham Street = Number 101
5. *Full Name of Mother* Josephene Cooper =
6. *Mother's Maiden Name* Mother Josephene Thommos
7. *Mother's Birthplace* Durham St. Md. Baltimore
8. *Full Name of Father* Jacob Cooper
9. *Father's Occupation* Cornetter =
10. *Father's Birthplace* Star alley Baltimore

Name of Medical Attendant, or other Person who makes this Return. al Lice Chaplin

Address J. Mulligan = Balto

Remarks — — mal to J

Md

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24384

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* april 17
4. *Place of Birth (Street and Number)* Baltimore Wayn. st No 25
5. *Full Name of Mother* martha martin
6. *Mother's Maiden Name* martha patterson
7. *Mother's Birthplace* richmond
8. *Full Name of Father* jams martin
9. *Father's Occupation* waiter
10. *Father's Birthplace* mongrumery mayland

Name of Medical Attendant, or other Person who makes this Return. e wady ann dowsey

Address Mbow lane no 108

Remarks five dollors

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

24385

HEALTH DEPARTMENT APR 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eight
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	13th April 1878.
4. *Place of Birth (Street and Number)*	34 Manor St
5. *Full Name of Mother*	Kate Eggner
6. *Mother's Maiden Name*	" Emmert
7. *Mother's Birthplace*	Balto County.
8. *Full Name of Father*	Charles Eggner
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Keely
Address	328 South Entaw St Balt.
Remarks	

RETURN OF A BIRTH.

24386

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	April 13th
4. Place of Birth (Street and Number)	344 Cross street
5. Full Name of Mother	Lebic Howard
6. Mother's Maiden Name	" Boyce
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Howard
9. Father's Occupation	Steward
10. Father's Birthplace	Dorchester County
Name of Medical Attendant, or other Person who makes this Return.	Smedley Wells
Address	No 343 Cross street
Remarks	

Within six days thereafter, stating the City or County, Street and Number, (if in a house,) where born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21387

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male ~~or Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April the 13, 1878

4. Place of Birth (Street and Number) N. Carolina St. Nº 24.

5. Full Name of Mother Margaretha Bartelome

6. Mother's Maiden Name Margaretha Druschel

7. Mother's Birthplace Wilian Stetten. U. Preussen Germany

8. Full Name of Father Gollob Bartelome

9. Father's Occupation Cooper

10. Father's Birthplace Wierthe. U. Preussen. Germany

Name of Medical Attendant, or other Person who makes this return Mary E. Müller

Address N. Dallas St. Nº 26

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24388

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st " Child,
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 13th " 1878
4. *Place of Birth (Street and Number)*	280 Sharp St.
5. *Full Name of Mother*	Anna E. Kries.
6. *Mother's Maiden Name*	" " Muller.
7. *Mother's Birthplace*	Frederick City, Md.
8. *Full Name of Father*	Francis P. Kries.
9. *Father's Occupation*	Machinist —
10. *Father's Birthplace*	Balto. City.
Name of Medical Attendant, or other Person who makes this return	R. J. M. Tall. M. D.
Address	152 Sharp St.
Remarks	Child living.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24389

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	13th april 1878.
4. *Place of Birth (Street and Number)*	# 164 E. Chapel Str. H.P.
5. *Full Name of Mother*	Th. D. Spencer
6. *Mother's Maiden Name*	Tracey Brown
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Jer. Spencer
9. *Father's Occupation*	Can Maker
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Simms
Address	# 203 E. Washington Str. H.P.
Remarks	The above Child died april 30th from an affliction of its mother blood impurities.

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24390

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

advise at the Birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15th 1878
4. *Place of Birth (Street and Number)* 76 Harrison St
5. *Full Name of Mother* Sarah Delesi
6. *Mother's Maiden Name* " Deboer
7. *Mother's Birthplace* N. York
8. *Full Name of Father* Isaac Delesi
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address 113 North Calvert

Remarks

RETURN OF A BIRTH. 24391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	14 April 1878
4. Place of Birth (Street and Number)	49 E. Baltimore St.
5. Full Nome of Mother	Marianne Bishop
6. Mother's Moiden Name	Classen
7. Mother's Birthploce	Germany
8. Full Name of Father	Henry Bishop
9. Fother's Occupation	Storekeeper
10. Fother's Birthplace	Germany
Name of Medical Attendont, or other Person who makes this Return.	Gertrand Hilger
Address	151 E Pratt St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24392

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14th 78
4. Place of Birth (Street and Number)	9 Court Avenue
5. Full Name of Mother	Margaret Hubbard
6. Mother's Maiden Name	Margaret Linty
7. Mother's Birthplace	Germany
8. Full Name of Father	H. Clay Hubbard Sr
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Fay
Address	193 E Chester st
Remarks	Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24393

HEALTH DEPT. APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 14th
4. *Place of Birth (Street and Number)* 142 Collington Ave
5. *Full Name of Mother* Dora Smith
6. *Mother's Maiden Name* Dora Good
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Smith
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Fray

Address 193 S. Chester st

Remarks Healthy

M

RETURN OF A BIRTH.

24394

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 14 th
4. *Place of Birth (Street and Number)* 116 Patterson street
5. *Full Name of Mother* Ida Phillips
6. *Mother's Maiden Name* Ida Simons
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Phillips
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Gray

Address 193 S. Chester st

Remarks Healthy

RETURN OF A BIRTH.

24395

HEALTH DEPARTMENT
APR 22 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 8th

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 14th 1878
4. *Place of Birth (Street and Number)* No 36 Miller " "
5. *Full Name of Mother* Eliza E. Myers
6. *Mother's Maiden Name* " " Amiger " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Oliver P. Myers
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm H. Russell

Address Broadway & Madison Av

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24396

HEALTH DEPARTMENT APR 15 1878 BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14 — 1878
4. Place of Birth (Street and Number)	844 Mulberry St
5. Full Name of Mother	Cora A Leith
6. Mother's Maiden Name	" " Haskins
7. Mother's Birthplace	Cincinnati O
8. Full Name of Father	Wilbur G Leith
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Dr. Rieman MD
Address	89 Mulberry St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24297

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

APR 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 3d
1. Sex (state whether Male or Female)	in Bohema Glass of Lam
2. Race or Color (if not of the white race)	it is White Race
3. Date of Birth	4 April 18 78
4. Place of Birth (Street and Number)	Baltimore Carroll & Wolfe
5. Full Name of Mother	Anna Yaker
6. Mother's Maiden Name	Bastele
7. Mother's Birthplace	Bohema
8. Full Name of Father	John Bettele
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohema
Name of Medical Attendant, or other Person who makes this Return	Mary Kupfer
Address	No 69 Washington St
Remarks	Baltimore Md.

RETURN OF A BIRTH.

21398

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Third

1. Sex (state whether Male or Female) A Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 4th of April 1878
4. Place of Birth (Street and Number) 4 South wide
5. Full Name of Mother Mari Black
6. Mother's Maiden Name Mari Kane
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Kane
9. Father's Occupation
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Cresentz Kunkel

Address 71 North chappel st p John Kunkel

Remarks Healthy

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24399

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child 1/1/1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	14th April
4. *Place of Birth (Street and Number)*	No 508 Clinton Ave
5. *Full Name of Mother*	Chethren Henrig
6. *Mother's Maiden Name*	Chethren Hacker
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henrig Benrig
9. *Father's Occupation*	Dairig
10. *Father's Birthplace*	Germene
Name of Medical Attendant, or other Person who makes this return	Louisa Wiley
Address	Mt. Hope Park ameu
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

24400

RETURN OF A BIRTH.

HEALTH DEPARTMENT
APR 16 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth 6
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	14 April 1878
4. *Place of Birth (Street and Number)*	Patton Park near No 67
5. *Full Name of Mother*	Pildrine Joanne
6. *Mother's Maiden Name*	Ohlendorf
7. *Mother's Birthplace*	Germina
8. *Full Name of Father*	William Joanne
9. *Father's Occupation*	Ship Smith
10. *Father's Birthplace*	Germani
Name of Medical Attendant, or other Person who makes this return	Louisa A Wiley
Address	82 Patton Park near
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24401

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	two
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 14th 1878
4. Place of Birth (Street and Number)	26 little Monument st
5. Full Name of Mother	Mary Elizabeth Oliver
6. Mother's Maiden Name	" " Coalin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Oliver
9. Father's Occupation	Drayman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Duffy
Address	17 little Monument st
Remarks	

That any physician, accoucheur, mid wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect, Fifty Dollars.—Ordinance of the City of Baltimore.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21402

HEALTH DEPARTMENT APR 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Apr. 14th 1878.
4. *Place of Birth (Street and Number)*	# 16 Pleasant Alley.
5. *Full Name of Mother*	E. H. Heise
6. *Mother's Maiden Name*	E. Hermann
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Carl Heise
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Simms
Address	203 E Washington St.
Remarks	C F.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21403

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 2.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	April 14th 78
4. Place of Birth (Street and Number)	227 N Central Av.
5. Full Name of Mother	Elizabeth Ann Slade
6. Mother's Maiden Name	" Ridley
7. Mother's Birthplace	Baltimore County Md
8. Full Name of Father	Abraham Slade
9. Father's Occupation	Huckster
10. Father's Birthplace	Baltimore County Md
Name of Medical Attendant, or other Person who makes this Return.	Geo H Thayer M.D.
Address	18 Arsenal St
Remarks	

RETURN OF A BIRTH.

244011

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 14th 1878
4. *Place of Birth (Street and Number)* No 103 Biddle St
5. *Full Name of Mother* Kate Collins
6. *Mother's Maiden Name* " Baird
7. *Mother's Birthplace* Pittsburg
8. *Full Name of Father* John H Collins
9. *Father's Occupation* Trunkmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary A Allwell

Address 286 St Donogh st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24403

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4. a boy.
1. Sex (state whether Male or Female)	boy.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 4th 1878.
4. Place of Birth (Street and Number)	373 Orleans Street.
5. Full Name of Mother	Mary Hoffman.
6. Mother's Maiden Name	Weis Bruenb.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Vincent Hoffman.
9. Father's Occupation	Tailor.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Herb. Reinhardt
Address	No 48 Holland Street
Remarks	

RETURN OF A BIRTH.

21406

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Jewish

3. Date of Birth April 14th 1878

4. Place of Birth (Street and Number) Market Space # 27

5. Full Name of Mother Babette Herman

6. Mother's Maiden Name " Goldsmith

7. Mother's Birthplace Bavaria

8. Full Name of Father Lewis Herman

9. Father's Occupation Shoemaker

10. Father's Birthplace Bavara

Name of Medical Attendant, or other Person who makes this Return. Mrs R Wellig

Address 48 Holland St.

Remarks

The Act requires that Physician, Accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21407

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female)
2. Race ~~or Color (if not of the white race)~~
3. Date of Birth May 14th 78. 14th
4. Place of Birth (Street and Number) 308 Maryland St
5. Full Name of Mother Mary Frances Wheeler
6. Mother's Maiden Name Price
7. Mother's Birthplace Balto
8. Full Name of Father Edward Wheeler
9. Father's Occupation Clerk
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this return Dr Lizzie W. Eastman
Address 329 Park
Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24408

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1908
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 14 1908
4. Place of Birth (Street and Number)	231 William st
5. Full Name of Mother	Adeline Philips
6. Mother's Maiden Name	Adeline Hudson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	D. W. Philips
9. Father's Occupation	Mariner
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

...ndant, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21409

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
1878
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th 9th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 4th April

4. Place of Birth (Street and Number) 93 Elliott st bet Caroline

5. Full Name of Mother Margaret Donnelly

6. Mother's Maiden Name Margaret Murphy

7. Mother's Birthplace County Wicklow Ireland

8. Full Name of Father John Donnelly

9. Father's Occupation Coal Driver

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Fullerton

Address 104 Bradley st bet Caroline

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21410

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. Sex (state whether Male or ~~Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April the. 14, 1878.

4. Place of Birth (Street and Number) E. Lombard St. No. 146.

5. Full Name of Mother Sidonia ~~Greb~~ Lauf

6. Mother's Maiden Name Sidonia Greb.

7. Mother's Birthplace Metzergeyde, Gr. Hessen. Germany

8. Full Name of Father Heinrich Lauf

9. Father's Occupation Shoemaker

10. Father's Birthplace Harburg. Th. Preussen Germany

Name of Medical Attendant, or other person who makes this return Marx E. Muller

Address N. Dallas St. No. 26.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21-1-11

HEALTH DEPARTMENT
APR 19 1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Femal
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 April
4. Place of Birth (Street and Number)	180 Trent St
5. Full Name of Mother	Jane McPherson
6. Mother's Maiden Name	Lavery
7. Mother's Birthplace	Ireland
8. Full Name of Father	John McPherson
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrissmer
Address	No 7 Garrett Place
Remarks	

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2-11-1-19

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 19 1878
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 14 th 1878
4. Place of Birth (Street and Number)	153 Hamburg st
5. Full Name of Mother	Sophie Meitchel
6. Mother's Maiden Name	Deeg
7. Mother's Birthplace	America
8. Full Name of Father	John Meitchel
9. Father's Occupation	Ingenier
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

211413

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 14th 1878
4. *Place of Birth (Street and Number)* No 24 S. Durham
5. *Full Name of Mother* Lavina Green
6. *Mother's Maiden Name* Lavina Spencer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Green
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Lee Walker

Address 198 S. Dallas St

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24-11-111

HEALTH DEPARTMENT APR 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 14th 1878
4. *Place of Birth (Street and Number)* 42 N Chapel st
5. *Full Name of Mother* Eliza Green
6. *Mother's Maiden Name* " Moor
7. *Mother's Birthplace* City
8. *Full Name of Father* Charles Green
9. *Father's Occupation* Brakesman
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this return Mrs Elizabeth Bushmann

Address 120 Hanover

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ivities at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21-1115

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE, MD.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	6te
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	April 15. 1878
4. *Place of Birth (Street and Number)*	N. Wolfe str No 1.
5. *Full Name of Mother*	Agetha Stickler
6. *Mother's Maiden Name*	Boscher
7. *Mother's Birthplace*	Wurtheim Prussia
8. *Full Name of Father*	Jakob Stickler
9. *Father's Occupation*	Haarstreber
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs. Johanna Baumgarth
Address	South Wolfe str No 28
Remarks	M. Imfe

relative to the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24476

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 15 1878
4. *Place of Birth (Street and Number)* No 188 E. Hoven St
5. *Full Name of Mother* Adline Knocks
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Thomas Knocks
9. *Father's Occupation* Laber
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy alley

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24417

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

I am informed that a birth has occurred in your house, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	April 15th
4. *Place of Birth (Street and Number)*	Howard Street 313
5. *Full Name of Mother*	Ann Hack
6. *Mother's Maiden Name*	Ann Robinson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Hack
9. *Father's Occupation*	Drayman
10. *Father's Birthplace*	Accomack County Va
Name of Medical Attendant, or other Person who makes this return	Charity Hospital
Address	313 South Eutaw Street
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24418

HEALTH DEPARTMENT APR 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. *Sex (state whether Male or Female)*	A Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	[redacted] April 1878
4. *Place of Birth (Street and Number)*	371 South Grane St
5. *Full Name of Mother*	Virginia L Gabriel
6. *Mother's Maiden Name*	Virginia L Balye
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Taylor Banks
9. *Father's Occupation*	Car maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Green Via Kinder
Address 11 North Chapp	St pls Place
Remarks Healthy	

...nishe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

22414

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 15th 1878
4. *Place of Birth (Street and Number)* 75 Hanson St
5. *Full Name of Mother* Francia Thalblack
6. *Mother's Maiden Name* Francia Kuhn
7. *Mother's Birthplace* Polen
8. *Full Name of Father* Lezi Thalblack
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Polen

Name of Medical Attendant, or other Person who makes this Return. Sarah Eisher

Address 52 E Lombard St.

Remarks

RETURN OF A BIRTH. 214420

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 16. 1878
4. *Place of Birth (Street and Number)* Henrietta st next to light
5. *Full Name of Mother* Maria Stewart
6. *Mother's Maiden Name* Maria Hooper
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jno. W. Stewart
9. *Father's Occupation* Huckster
10. *Father's Birthplace* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. T. Dougherty M.D

Address 178. Penn ave.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2-24-1-21

HEALTH DEPARTMENT JUN 1 1378 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	april the 16 th
4. *Place of Birth (Street and Number)*	no 10 peach alley
5. *Full Name of Mother*	Scarlet watkins
6. *Mother's Maiden Name*	maiden unknown
7. *Mother's Birthplace*	north thumberland co
8. *Full Name of Father*	robert watkins
9. *Father's Occupation*	laborer
10. *Father's Birthplace*	north thumberland co
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 patpt coaverse healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2114.22

HEALTH DEPARTMENT 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15th April
4. *Place of Birth (Street and Number)* 91 Aliceanna Street
5. *Full Name of Mother* Lucy Keller
6. *Mother's Maiden Name* Lucy Mc Clusky
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Keller
9. *Father's Occupation* Labor
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this return Eliza Flemming

Address 195 Aliceanna St

Remarks healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2442-38

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex. and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	April 15th
4. *Place of Birth (Street and Number)*	No 228 Howard street
5. *Full Name of Mother*	Elizabeth Warner
6. *Mother's Maiden Name*	" Brown
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Edick Warner
9. *Father's Occupation*	White Waiter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amelia White
Address	343 Saratoga st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24424

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~) _____

1. *Sex* (state whether Male or ~~Female~~) _____
2. *Race or Color* (if not of the white race) _____
3. *Date of Birth* April 16th 1878
4. *Place of Birth* (Street and Number) Chester st
5. *Full Name of Mother* Marg Strong
6. *Mother's Maiden Name* " Mulley
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* G. E Strong
9. *Father's Occupation* Painter
10. *Father's Birthplace* Richmond

Name of Medical Attendant, or other Person who makes this Return. City Doctor man

Address No 25 Mckelderry st

Remarks _____

RETURN OF A BIRTH.

2441235

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 15th 1878
4. *Place of Birth (Street and Number)* 218 Dorcham St
5. *Full Name of Mother* Maggie Devine
6. *Mother's Maiden Name* Maggie Miller
7. *Mother's Birthplace* Born in England
8. *Full Name of Father* Henry Miller
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Field

Address 99 Lancaster St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2444 26

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d. Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth April the 15, 1878
4. Place of Birth (Street and Number) S. Exeter St. No 112.
5. Full Name of Mother Margaretha Schurtz
6. Mother's Maiden Name Margaretha Donaldson
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Schurtz
9. Father's Occupation Fishingman
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this return Marx E. Muller

Address N. Dallas St. No 26.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21127

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 5.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth the 15. April

4. Place of Birth (Street and Number) No. 321 Dallas St.

5. Full Name of Mother Carolina Heuerick

6. Mother's Maiden Name Carolin Adpick Adpick

7. Mother's Birthplace Germany

8. Full Name of Father George Adpick

9. Father's Occupation Cope Laper

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sauer

Address 113 Herbert ave

Remarks

RETURN OF A BIRTH.

24428

HEALTH DEPARTMENT APR 19 '78 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3ter Child

1. *Sex* (*state whether Male or ~~Female~~*)
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* April the. 15. 1878
4. *Place of Birth* (*Street and Number*) Boston St. Nr 72
5. *Full Name of Mother* Wilhelmine Tehroeder
6. *Mother's Maiden Name* Wilhelmine Teller
7. *Mother's Birthplace* Oester Koppel Vh Preussen. Germany
8. *Full Name of Father* Gerhard Tehroeder
9. *Father's Occupation* Tavern Keeper
10. *Father's Birthplace* Neetze. Vh. Preussen. Germany

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address N. Dallas St Nr 26.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Attention is hereby called to the Act of Assembly, passed at the January Session, 1874, which requires that the Physician, Midwife, Nurse, or other person in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24429

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 15th 1878
4. Place of Birth (Street and Number)	54 S Paca St
5. Full Name of Mother	Vanelia Condiff
6. Mother's Maiden Name	Vanelia Kelly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm J ~~Kelly~~ Condiff
9. Father's Occupation	Captain of Yacht
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24430

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* Apr 13
4. *Place of Birth (Street and Number)* 26 Mosy st
5. *Full Name of Mother* Caroline Robinson
6. *Mother's Maiden Name* Caroline Gibbs
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles Robinson
9. *Father's Occupation* labor
10. *Father's Birthplace* Deame co va

Name of Medical Attendant, or other Person who makes this Return. mrs lear Johnson
Address no 32 short st
Remarks healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2448

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 19 1878
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	15th April
4. Place of Birth (Street and Number)	No 1 Bassee Court
5. Full Name of Mother	Amelia Griffin
6. Mother's Maiden Name	Robertson
7. Mother's Birthplace	Virginia,
8. Full Name of Father	John H Griffin
9. Father's Occupation	Hod Carrier
10. Father's Birthplace	Eastern Shore
Nome of Medical Attendant, or other Person who makes this Return.	Ursula A Grissmer
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

2111.32

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 15
4. Place of Birth (Street and Number)	republican st No 9
5. Full Name of Mother	Mrs Mary Shlinkman
6. Mother's Maiden Name	Moby Hentz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Casper Shlinkman
9. Father's Occupation	wheelwright
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Seabock
Address	439 West Pratt St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24423

HEALTH DEPARTMENT
APR 19 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 15th 1878
4. Place of Birth (Street and Number)	No 302 S Charles st
5. Full Name of Mother	Marie Colbraght
6. Mother's Maiden Name	Seible
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Colbraght
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Bohnessen / midwife
Address	213 Cross st.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 244311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth april 16 1878
4. Place of Birth (Street and Number) 147 Lanvale Street
5. Full Name of Mother Fanny Dulany Lemmon
6. Mother's Maiden Name Fanny Carter Dulany
7. Mother's Birthplace Loudoun Co Va
8. Full Name of Father John Southgate Lemmon
9. Father's Occupation attorney at law
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Dr Wm T Howard

Address 181 Madison avenue

Remarks Early natural labor

RETURN OF A BIRTH.

21-1435

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.d.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth April 16th 1878
4. Place of Birth (Street and Number) Ford Street - No 74.
5. Full Name of Mother Elisabeth Ruppenapp
6. Mother's Maiden Name Elizabeth Clark.
7. Mother's Birthplace Baltimore. Md.
8. Full Name of Father Lorenz Ruppenapp
9. Father's Occupation Shoemaker.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this return Dr. Dorsch & Brun

Address 114 Baltimore

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24436

HEALTH DEPARTMENT
APR 22 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* [illegible]
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 16th 1878
4. *Place of Birth (Street and Number)* S. E. Cor. Myrtle Ave & Pierce St
5. *Full Name of Mother* [illegible] Walter
6. *Mother's Maiden Name* Mosgrove
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Wm. P. Walter
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Stiles M.D.

Address 379 W. Lombard St

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2144 37

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16 April
4. Place of Birth (Street and Number) 144 Mc Elderry St
5. Full Name of Mother Barbara Emmengesser
6. Mother's Maiden Name Schreibenzahl
7. Mother's Birthplace Garming
8. Full Name of Father Louis Emmengesser
9. Father's Occupation Schumacher
10. Father's Birthplace Garming

Name of Medical Attendant, or other Person who makes this Return. Sophie Dumon

Address 1070 Gumby St

Remarks

The Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

24438

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 16th 1878
4. Place of Birth (Street and Number)	32 Register Str
5. Full Name of Mother	Elizabeth Rocks
6. Mother's Maiden Name	Elizabeth Kieve
7. Mother's Birthplace	United States
8. Full Name of Father	Lolizz Kieve
9. Father's Occupation	Laborer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Easter
Address	212 Lombard St
Remarks	

RETURN OF A BIRTH.

211439

HEALTH DEPARTMENT APR 27 '78 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th
4. Place of Birth (Street and Number)	614 Park st.
5. Full Name of Mother	Miss Mary Gayleard Schmidt
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Gayleard
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Lohr
Address	328 South Eutaw st.
Remarks	

RETURN OF A BIRTH.

244140

111

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th 1/11

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 16 78
4. Place of Birth (Street and Number) 399 Franklin St
5. Full Name of Mother Delilah W. Courtney
6. Mother's Maiden Name Pursell
7. Mother's Birthplace Columbus Ohio
8. Full Name of Father Geo. W. Courtney
9. Father's Occupation Merchant
10. Father's Birthplace Have De Grace Md

Name of Medical Attendant, or other Person who makes this return Louis M. Eastman

Address 349 Lost

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

214411

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT APR 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth April 16 1878
4. Place of Birth (Street and Number) 343 Hoffman St
5. Full Name of Mother Mary A Shepard
6. Mother's Maiden Name Mary A gosnell
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William Henry Shepard
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. John Bacon M.D.
Address 99 Argyle ave
Remarks

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24412

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 18 1878
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	April 16
4. Place of Birth (Street and Number)	163 N. Eutaw St.
5. Full Name of Mother	Rebecca Eisenman
6. Mother's Maiden Name	Rebecca Eisenman
7. Mother's Birthplace	Germany
8. Full Name of Father	Not Known
9. Father's Occupation	Workman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Prof. Thomas Opie M.D.
Address	396 Lt. Fayette St
Remarks	This is one of the twins the mother gave birth at this time.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24443

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT APR 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	April 16 1878
4. Place of Birth (Street and Number)	1632 St. Paul St
5. Full Name of Mother	Rebecca Eisenmann
6. Mother's Maiden Name	Rebecca Eisenmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm. Eisenmann
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Prof. Thomas Opie Post
Address	396 St. Paul St
Remarks	This is the second of the twins to which the mother gave birth at this time

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

244444

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) W. F.

3. Date of Birth April 16th 1878

4. Place of Birth (Street and Number) 67 Ramsey

5. Full Name of Mother Clara Ann McKenney

6. Mother's Maiden Name Clara Ann Elliott

7. Mother's Birthplace Anne Arundel Co. Md.

8. Full Name of Father James L. McKenney

9. Father's Occupation Moulder

10. Father's Birthplace Philadelphia

Name of Medical Attendant, or other Person who makes this Return. L. L. Key M. D.

Address 147 Broadway

Remarks

RETURN OF A BIRTH.

24445

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5 th

1. Sex (*state whether Male or Female*) Male
2. Race or Color (*if not of the white race*) White
3. Date of Birth April 16 th 1878
4. Place of Birth (*Street and Number*) 218 Williamson Stn
5. Full Name of Mother Gertrude Moag
6. Mother's Maiden Name
7. Mother's Birthplace Harford Co.
8. Full Name of Father George Moag.
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. O. Farrington M.D.

Address 321 Light Stn

Remarks

RETURN OF A BIRTH.

24446

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* April 16th 1878

4. *Place of Birth (Street and Number)* 175 Hanover Street

5. *Full Name of Mother* Isabella Tylor

6. *Mother's Maiden Name* Isabella Buchannan

7. *Mother's Birthplace* Chicago Ill

8. *Full Name of Father* Evalyn Tylor

9. *Father's Occupation* Manufacturer

10. *Father's Birthplace* N. Y. City

Name of Medical Attendant, or other Person who makes this Return. H. K. Wiley M.D.

Address 952 Hanover Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

244447

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5'd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 17th 1878
4. *Place of Birth (Street and Number)* 135 E. Stil.
5. *Full Name of Mother* Marie Hornung
6. *Mother's Maiden Name* Marie Arnhold
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friedrig Hornung
9. *Father's Occupation* Schuhmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Marie K. Rudisy

Address 134 E. Bond St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24448

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 17 d. 1878

4. Place of Birth (Street and Number) 36 Fairmount av.

5. Full Name of Mother Wilhelmine Karst

6. Mother's Maiden Name Wilhelmine Leverenz

7. Mother's Birthplace Germany

8. Full Name of Father Carl Karst

9. Father's Occupation Merchant

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24419

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. April 19th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 17th 1878
4. *Place of Birth (Street and Number)* 93 Essex St.
5. *Full Name of Mother* Lizzie Weismanns
6. *Mother's Maiden Name* Lizzie Raul.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Weismann.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address No. 137 Wolfe St.

Remarks

Penalty for neglect of Physician, accoucheur, midwife, or other person in charge, to report Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24450

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 17th 1878
4. Place of Birth (Street and Number)	Baltimore Md. Linn St. No 161
5. Full Name of Mother	Johana Waters.
6. Mother's Maiden Name	Mason
7. Mother's Birthplace	Calvert Co Md
8. Full Name of Father	James H. Waters.
9. Father's Occupation	Coachman
10. Father's Birthplace	Hartford Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Laura H. Cole
Address	174 Linn St. Balto. Md.
Remarks	Rospering very nice.

Note. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

244451

HEALTH DEPARTMENT APR 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 tes Child

1. Sex (state whether Male ~~or Female~~) [illegible]
2. Race or Color (if not of the white race) White
3. Date of Birth April the 17
4. Place of Birth (Street and Number) N. Carolina A. No. 14
5. Full Name of Mother Christina Reuss
6. Mother's Maiden Name Caroline Hammel
7. Mother's Birthplace Fickelar Gr Hessen, Germany
8. Full Name of Father Conrad Reuss.
9. Father's Occupation Tailor
10. Father's Birthplace Hassel, Th. Reussen, Germany

Name of Medical Attendant, or other Person who makes this return, Mary E Muller

Address N. Dallas A. No. 26.

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24452

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1878
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	12 th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 17 th. 1878
4. Place of Birth (Street and Number)	No 395 E. cor. Madison & Gay Sts.
5. Full Name of Mother	Caroline Steinman
6. Mother's Maiden Name	Caroline Kraft.
7. Mother's Birthplace	Brunzwick Germany.
8. Full Name of Father	Wm Steinman
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Hanover
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A Butt.
Address	No 185 St. cor. of Monument St. Central ave
Remarks	All well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

244553

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 17th 1878
4. Place of Birth (Street and Number)	129 Canal Str
5. Full Name of Mother	Mary Burns
6. Mother's Maiden Name	Mary Murray
7. Mother's Birthplace	United States
8. Full Name of Father	Thomas Burns
9. Father's Occupation	Laborer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Caleb Kaufer
Address	526 Lombard Str
Remarks	

RETURN OF A BIRTH.

2443

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st /
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 7th 1875
4. Place of Birth (Street and Number)	4 Hough St
5. Full Name of Mother	Sarah C Osborne
6. Mother's Maiden Name	Sarah Leon
7. Mother's Birthplace	United States
8. Full Name of Father	William Osborne
9. Father's Occupation	Laborer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carter
Address	52 E Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

244455

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 17th 1878
4. Place of Birth (Street and Number)	5 Albemarle St.
5. Full Name of Mother	Lora Shellman
6. Mother's Maiden Name	Lora Carr
7. Mother's Birthplace	U States
8. Full Name of Father	John Shellman
9. Father's Occupation	Blacksmith
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	526 E Lombard St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24456

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 27th 1878
4. *Place of Birth (Street and Number)* 116 Carroll Str
5. *Full Name of Mother* Alice Cook
6. *Mother's Maiden Name* Lee Walker
7. *Mother's Birthplace* United States
8. *Full Name of Father* Steve C Cook
9. *Father's Occupation* Colorer
10. *Father's Birthplace* United States

Name of Medical Attendant, or other Person who makes this Return. Sarah Easter

Address 52 E Lombard Str

Remarks

RETURN OF A BIRTH.

24457

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	17th April
4. Place of Birth (Street and Number)	80 South Leadenhall st
5. Full Name of Mother	Ellen Brown
6. Mother's Maiden Name	Ellen Aber
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Brown
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Emeline Wilson
Address	392 Cross Street
Remarks	

The Physician, Midwife, or other person who delivers at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211158

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 23 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sip

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 17th 1878
4. *Place of Birth (Street and Number)* 173 West Lt
5. *Full Name of Mother* Ellen Luffman
6. *Mother's Maiden Name* Hall
7. *Mother's Birthplace* Norfolk County Va.
8. *Full Name of Father* Joseph Luffman
9. *Father's Occupation* Brick yard
10. *Father's Birthplace* Camblin County N. C.

Name of Medical Attendant, or other Person who makes this Return. Eufan Bullin

Address No 173 West Lt

Remarks

RETURN OF A BIRTH.

244159

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 25 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th Dec
4. *Place of Birth (Street and Number)* 41 Forest Board
5. *Full Name of Mother* Kate George
6. *Mother's Maiden Name* Kate Stevens
7. *Mother's Birthplace* Baltimore Co
8. *Full Name of Father* Wm. George
9. *Father's Occupation* Frasco Painter
10. *Father's Birthplace* Baltimore Co

Name of Medical Attendant, or other Person who makes this return Dr. Wm. Phil Goldsmith

Address

Remarks No 26 N Front Street

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24460

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	17 of April 1878
4. Place of Birth (Street and Number)	66 Welcom Alley
5. Full Name of Mother	Rachel Williams
6. Mother's Maiden Name	" Gross
7. Mother's Birthplace	Dorchester Co
8. Full Name of Father	George Williams
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore md
Name of Medical Attendant, or other Person who makes this Return.	Lucy Sidney
Address	
Remarks	

...vise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24467

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	april the 14th
4. *Place of Birth (Street and Number)*	200 4 montgomery
5. *Full Name of Mother*	nelly garden
6. *Mother's Maiden Name*	nelly garden
7. *Mother's Birthplace*	virginia
8. *Full Name of Father*	father name unknown
9. *Father's Occupation*	occupation unknown
10. *Father's Birthplace*	birth place unknown
Name of Medical Attendant, or other Person who makes this return	mrs lydia porter
Address	no 4 chapel co avenue
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21462

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	17th April
4. *Place of Birth (Street and Number)*	No 60 Carlton St.
5. *Full Name of Mother*	Mary Mahley
6. *Mother's Maiden Name*	Mary Goerlitz
7. *Mother's Birthplace*	City Baltimore
8. *Full Name of Father*	Cristian Mahley
9. *Father's Occupation*	Z. Hengster
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Miss Dunler 60 Schroter St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24463

HEALTH DEPARTMENT
APR 18 1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17th April
4. *Place of Birth (Street and Number)* 13 President Street
5. *Full Name of Mother* Mary McGan
6. *Mother's Maiden Name* Mary Collins
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick McGan
9. *Father's Occupation* Labor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Eliza Flannigan

Address 97 Albemarle St

Remarks healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2144611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 17th 1878
4. Place of Birth (Street and Number) Eutaw st No 2
5. Full Name of Mother Catharine E. Hellman
6. Mother's Maiden Name Catharine E. Johnson
7. Mother's Birthplace Baltimore
8. Full Name of Father ~~Baltimore~~ William A. Hellman
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. G. Baldwin M.D.

Address 124 n Eutaw st

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24465

HEALTH DEPARTMENT MAY 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) M.

2. Race or Color (if not of the white race) B.

3. Date of Birth April 17th 1878.

4. Place of Birth (Street and Number) 132 N. Henry St.

5. Full Name of Mother Hester A.

6. Mother's Maiden Name Clinton

7. Mother's Birthplace City

8. Full Name of Father Bernard Campbell

9. Father's Occupation Laborer

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Wm. F. Kemble M.D.

Address 152 Eutaw

Remarks

The City Physician, Coroner, Midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24466

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	18 April 1878
4. Place of Birth (Street and Number)	50 S. Bethel St.
5. Full Name of Mother	Margreth Hatton Williams
6. Mother's Maiden Name	Hillson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Williams
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Hillson
Address	151 E Pratt St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

24467

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	~~2d~~ 2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 16th 1878
4. Place of Birth (Street and Number)	No 163 N. Caroline St.
5. Full Name of Mother	Mrs. Katie Schueler
6. Mother's Maiden Name	Katie Hastover
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Schueler
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull
Address	No 185 N. E. Cor. of Monument St. Central ground.
Remarks	died the fourth day after its birth with Spasms

RETURN OF A BIRTH.

24465

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Its 3 d

1. *Sex (state whether Male or Female)* Female Healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 18th of April 1878
4. *Place of Birth (Street and Number)* 19 Forest Pl.
5. *Full Name of Mother* Maggie Imhoff
6. *Mother's Maiden Name* Mc. Hillen
7. *Mother's Birthplace* City of Balto.
8. *Full Name of Father* John Imhoff
9. *Father's Occupation* Bristle Finisher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mc. H. Hillen

Address 57 Smallwood St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24469

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st & 2d

1. *Sex (state whether Male or Female)* Female & Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 17 April
4. *Place of Birth (Street and Number)* No number Pine lane
5. *Full Name of Mother* Mary Hays Hays
6. *Mother's Maiden Name* Mary Roemmel
7. *Mother's Birthplace* Pittsburg Penn
8. *Full Name of Father* Conrad Roemmel
9. *Father's Occupation* Ki Cigars Manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Wes Lauer

Address 173 Hanover

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211470

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 18th 1878
4. *Place of Birth (Street and Number)*	No 1 Hamerbachers court
5. *Full Name of Mother*	Mary Herechenbahn
6. *Mother's Maiden Name*	Miller
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Christoph Herechenbahn
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

D 44471

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 18th 1878
4. *Place of Birth (Street and Number)* 165 E. Lombard St
5. *Full Name of Mother* Ida Eliza Bowen
6. *Mother's Maiden Name* Ida E. Turner
7. *Mother's Birthplace* East Greenwich Rhode Island
8. *Full Name of Father* Josias Stanbury Bowen
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Patapsco Neck, Baltimore County Md

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell

Address 217 S. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

244-78

HEALTH DEPARTMENT
APR 25 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ~~Girl~~

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 18 April 1878
4. *Place of Birth (Street and Number)* Jacksonstreet No 41.
5. *Full Name of Mother* Anna Dorthea Helling
6. *Mother's Maiden Name* Schmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Carl Wilhelm Gustav Helling
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germania Sachsen

Name of Medical Attendant, or other Person who makes this return Louise Dr. J. Yelowitz

Address

Remarks No 26 N Front Street

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians, Midwives, and Householders, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24473

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	April 18th 1878.
4. Place of Birth (Street and Number)	# 300 Hanover St.
5. Full Name of Mother	Hannah Jane Cooke.
6. Mother's Maiden Name	" " Fletcher
7. Mother's Birthplace	" Nansemond Co Va "
8. Full Name of Father	Eugene Pratt Cooke
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Harford Co Maryland
Name of Medical Attendant, or other Person who makes this Return.	Hartsfield White
Address	Carlton Hall 8th 1874
Remarks	

RETURN OF A BIRTH.

21471

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colo
3. *Date of Birth* 15 April 1878
4. *Place of Birth (Street and Number)* 26 Chatham
5. *Full Name of Mother* Lizzie Bailey
6. *Mother's Maiden Name* Lizzie Shaw
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Bailey
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this return Robt Williams

Address 26 Chatham Alley

Remarks Mother and Child doing well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

udvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2141-75

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth April 18 1878
4. Place of Birth (Street and Number) Baltimore 246 East
5. Full Name of Mother Fannie Phillips
6. Mother's Maiden Name Fannie Madden
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. T. Phillips
9. Father's Occupation Stevedore
10. Father's Birthplace Fredericksburg Va

Name of Medical Attendant, or other Person who makes this return Charlotte Tilton

Address No. 32 Front St

Remarks All Well

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21476

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 19 1878 BALTIMORE

Every [illegible] person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 18th 1878
4. *Place of Birth (Street and Number)*	3 Stockholm st
5. *Full Name of Mother*	Annie B Vermilyea
6. *Mother's Maiden Name*	Annie B Dolphen
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Geo L Vermilyea
9. *Father's Occupation*	Fireman
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cookus
Address	
Remarks	

RETURN OF A BIRTH.

24-4-77

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April the 17 1878
4. *Place of Birth (Street and Number)*	No 6 Bates Court
5. *Full Name of Mother*	Kate Plate
6. *Mother's Maiden Name*	Kate Mühlenrick
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Wm Plate
9. *Father's Occupation*	Grocer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Miss Jennie Mühlenrick
Address	No 223 Preston St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ndivigue at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and colour of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24478

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	1st of April
4. Place of Birth (Street and Number)	51 corner of Eastern Ave
5. Full Name of Mother	Mary Conrades
6. Mother's Maiden Name	Mary Backmann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ernest Conrades
9. Father's Occupation	box maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm H. Leedom Hull M.D.
Address	No 92 Leedom Hull Street
Remarks	

RETURN OF A BIRTH.

21479

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14 April 1878
4. *Place of Birth (Street and Number)* 101 Eastern Ave.
5. *Full Name of Mother* Margretha Hellermann
6. *Mother's Maiden Name* Broemsdorfer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Gustav Hellermann
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Hiller

Address 151 E. Fayette St

Remarks

RETURN OF A BIRTH.

24480

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. *Sex (~~state whether Male or Female~~)*
2. *Race or Color (~~if not of the white race~~)*
3. *Date of Birth* April 19th 78.
4. *Place of Birth (Street and Number)* 1 E & S Charles Ave.
5. *Full Name of Mother* Emma F. Shields.
6. *Mother's Maiden Name* Emma F. Logue
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Richard D. Shields
9. *Father's Occupation* Ex Fire Man.
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John F. R. Boyd, M.D.

Address " "

Remarks

RETURN OF A BIRTH.

21-1181

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 April
4. *Place of Birth (Street and Number)* 91 Castle Str.
5. *Full Name of Mother* Lutheran Gabelier
6. *Mother's Maiden Name* Müller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Casper Gabelier
9. *Father's Occupation*
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Simon

Address No. 70 Bunting Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24482

HEALTH DEPARTMENT APR 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	No of children 6
1. Sex (state whether Male or Female)	Sex Female
2. Race or Color (if not of the white race)	Colored child
3. Date of Birth	Date of birth 19th
4. Place of Birth (Street and Number)	No Warner St No 154
5. Full Name of Mother	Mary Smothers
6. Mother's Maiden Name	Maiden name Schriber
7. Mother's Birthplace	Born in Anarundel County
8. Full Name of Father	Father Smothers
9. Father's Occupation	Fathers occupation Laylor
10. Father's Birthplace	Anarundel County
Name of Medical Attendant, or other Person who makes this Return.	Dr Francis Granby
Address	No 161 Sarah Ann St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24-1-8.3

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	Apr 14
4. Place of Birth (Street and Number)	20 McEldry st
5. Full Name of Mother	Jonnie Jackson
6. Mother's Maiden Name	not married
7. Mother's Birthplace	Baltimore co
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	mrs Lear Johnson
Address	no 32 short st
Remarks	very Delicate child

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

244454

HEALTH DEPARTMENT APR 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	April 14
4. Place of Birth (Street and Number)	18 mc Elderry st
5. Full Name of Mother	Hester Richardson
6. Mother's Maiden Name	Hester Brown
7. Mother's Birthplace	Anneranal co Md
8. Full Name of Father	Simon Richardson
9. Father's Occupation	labor
10. Father's Birthplace	Anneranal co Md
Name of Medical Attendant, or other Person who makes this Return.	mrs Lear Johnson
Address	no 32 shall st
Remarks	healthy Child

RETURN OF A BIRTH.

21485

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 19th 1878
4. *Place of Birth (Street and Number)*	No 324 Hanover st
5. *Full Name of Mother*	Louise Kramer
6. *Mother's Maiden Name*	Engel
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Adolph Kramer
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohpasser midwife
Address	28 Cross st.
Remarks	

RETURN OF A BIRTH.

21486

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr 19th 1878
4. Place of Birth (Street and Number)	120 Greenmount Ave.
5. Full Name of Mother	Martha Gisine
6. Mother's Maiden Name	Martha Coyle
7. Mother's Birthplace	Balto Md.
8. Full Name of Father	John Gisine
9. Father's Occupation	Brass Founder
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Silas N. Hunter M.D.
Address	97 Greenmount Ave,
Remarks	

...ssive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2441-37

HEALTH DEPARTMENT APR 24 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 April
4. *Place of Birth (Street and Number)* 25 Millemon St
5. *Full Name of Mother* Mary Matilda Zenk
6. *Mother's Maiden Name* ~~Angeles~~ Keller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Angelus Zink
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simmons
Address 1110 70 Bromley St
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21488

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 April
4. Place of Birth (Street and Number)	Nos Willow St
5. Full Name of Mother	Mary Mc Quinlan
6. Mother's Maiden Name	O Brien
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Mc Quinlan
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrissmer
Address	No 7 Fremont Place
Remarks	

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2 11489

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 19th 1878
4. *Place of Birth (Street and Number)* Baltimore Bartlett St. No. 7
5. *Full Name of Mother* Mary Sparks
6. *Mother's Maiden Name* " Hayward
7. *Mother's Birthplace* Mississippi
8. *Full Name of Father* Elija Sparks
9. *Father's Occupation* Groom maker
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this return Wm. B. Mitchell

Address No. 122 Parkin St

Remarks

It is the duty of every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 27 1878
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	C.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April - 19
4. Place of Birth (Street and Number)	254 S Eutaw st
5. Full Name of Mother	Eliza Shellenberger
6. Mother's Maiden Name	Baltimore
7. Mother's Birthplace	Eliza Ehrhardt
8. Full Name of Father	Peter Shellenberger
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussia Germy.
Name of Medical Attendant, or other Person who makes this Return.	Henry Krebs.
Address	328 - Fayette. Eutaw st
Remarks	

Every Physician, Accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 2114 91

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1916 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	17th April
4. Place of Birth (Street and Number)	76 Mulberry St.
5. Full Name of Mother	Mary Lutousch
6. Mother's Maiden Name	Mary Fischer
7. Mother's Birthplace	Hippenheim a d Berg Strasse Hessen Darmstadt
8. Full Name of Father	Bern L Lutousch
9. Father's Occupation	Tailor
10. Father's Birthplace	München Baiern
Name of Medical Attendant, or other Person who makes this Return.	Ana Lindner
Address	45 Monroe St.
Remarks	

RETURN OF A BIRTH.

24492

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19th day of April 1878.
4. *Place of Birth (Street and Number)* No 53 Pine St.
5. *Full Name of Mother* Elisabeth Barnhardt.
6. *Mother's Maiden Name* Seitz.
7. *Mother's Birthplace* Kunkelland.
8. *Full Name of Father* William Barnhardt.
9. *Father's Occupation* Umbrella Boss.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Anna Lindner.

Address No 45 Monroe St.

Remarks

RETURN OF A BIRTH.

21493

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	19 April
4. *Place of Birth (Street and Number)*	405 Canton Ave Baltimore
5. *Full Name of Mother*	Ricky Hecker
6. *Mother's Maiden Name*	Ricky Wissman
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Hecker
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Louis Wiley
Address	112 Paterson Park-avenue
Remarks	

It is the duty of physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

244914

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 20 1878 BALTIMORE

The duty of Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 19th 1878
4. *Place of Birth (Street and Number)*	1113 Hillyard St
5. *Full Name of Mother*	Annie E. Clift
6. *Mother's Maiden Name*	Annie E. Clarkwood
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Geo. K. Clift
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

RETURN OF A BIRTH.

24495

HEALTH DEPARTMENT APR 30 1873 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 u
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th of April 1873
4. Place of Birth (Street and Number)	N. Chester St one door from alley
5. Full Name of Mother	Mary E. Grant
6. Mother's Maiden Name	Mary E. Norris
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John H. Norris
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walsh
Address	126 N. Caroline
Remarks	Baltimore City

RETURN OF A BIRTH.

24496

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Baby.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 19th of April 1878
4. *Place of Birth (Street and Number)* No. 108. Chew St
5. *Full Name of Mother* Barbara Deakread this for
6. *Mother's Maiden Name* Barbara. Horn that
7. *Mother's Birthplace* Germany. Town
8. *Full Name of Father* John F. Horn
9. *Father's Occupation* Barber.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Mary Wallace

Address 126 N. Pearl St

Remarks Baltimore City

RETURN OF A BIRTH.

21492

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

2-24 4 11

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~)

1. *Sex* (*state whether* ~~*Male or*~~ *Female*)
2. *Race or Color* (~~*if not of the white race*~~)
3. *Date of Birth* April 25, 1878
4. *Place of Birth* (*Street and Number*) South East Cor Balt & High Sts
5. *Full Name of Mother* Annie E. Brooks
6. *Mother's Maiden Name* " " Abercrombie
7. *Mother's Birthplace* Canada East
8. *Full Name of Father* Wm Franklin Brooks
9. *Father's Occupation* Can Maker
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. A Siegfried Hertzer M.D.

Address 11 South High St

Remarks

RETURN OF A BIRTH.

24498

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7 th

1. *Sex (state whether Male or Female)* Male healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 20 th of April 1878
4. *Place of Birth (Street and Number)* No 2 Colson Alley
5. *Full Name of Mother* Mis. Herman
6. *Mother's Maiden Name* Mis. Helrich
7. *Mother's Birthplace* born in Germany
8. *Full Name of Father* Charles Harman
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mis. Keller

Address 57 Smallwood St.

Remarks

It is the duty of any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 20th 1878

4. Place of Birth (Street and Number) 39 N. Eutaw St.

5. Full Name of Mother Mary Undrech Austin

6. Mother's Maiden Name Mary Undrech

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thomas G. Austin

9. Father's Occupation Bank Clerk

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. A. J. Bell Md

Address 336 Mad. Ave

Remarks

...that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24500

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 20th 1878
4. *Place of Birth (Street and Number)* No 12 St. James Ste
5. *Full Name of Mother* Fannie Kubl
6. *Mother's Maiden Name* Fannie Jackson
7. *Mother's Birthplace* Massachusetts
8. *Full Name of Father* George Kubl
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Boston.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. V. Butt

Address No 185 S.E. cor. Monument St. & Central av.

Remarks All well

RETURN OF A BIRTH.

24501

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1898 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 20th 1898.
4. *Place of Birth (Street and Number)* 208 Gough St.
5. *Full Name of Mother* Minnie Schneeberger.
6. *Mother's Maiden Name* Minnie Wertheimer.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Louis Schneeberger.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Amend.
Address No. 137 Wolfe St
Remarks

RETURN OF A BIRTH.

21502

HEALTH DEPARTMENT APR 24 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 April
4. *Place of Birth (Street and Number)* No 20 Granby St
5. *Full Name of Mother* Mary Ernst
6. *Mother's Maiden Name* Hess
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Ernst
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 20 Granby Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214503

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 20th April 1878
4. *Place of Birth (Street and Number)* 1911 Welcome ally
5. *Full Name of Mother* Mrs Anne Emily Sye
6. *Mother's Maiden Name* Mrs Anne Emily Gornish
7. *Mother's Birthplace* New Market Dorchester County md
8. *Full Name of Father* James. Edward. Sye
9. *Father's Occupation* Draymar
10. *Father's Birthplace* Vienna Dorchester County Md

Name of Medical Attendant, or other Person who makes this return Milly Jones

Address 181 York Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21504

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother. (*state whether* 1*st*, 2*d*, 3*d*, *&c.*)	10 d.
1. *Sex* (*state whether Male or Female*)	Female
2. *Race or Color* (*if not of the white race*)	white
3. *Date of Birth*	April 20 d. 1878
4. *Place of Birth* (*Street and Number*)	Hanover 10th
5. *Full Name of Mother*	Marie Grimel
6. *Mother's Maiden Name*	Marie Klenk
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Johan Grimel
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mary R Eudiger
Address	134 S. Bond Str
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24505

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Jewish
3. Date of Birth	Harrison St 34
4. Place of Birth (Street and Number)	April 20th 1878
5. Full Name of Mother	Saha Sackolsky
6. Mother's Maiden Name	" Kaeben
7. Mother's Birthplace	Poland
8. Full Name of Father	Isaac Sackolsky
9. Father's Occupation	second hand dealer
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ellj
Address	48 Holland St
Remarks	

Shall any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24506

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	april the 20 th
4. *Place of Birth (Street and Number)*	no 9 vane st
5. *Full Name of Mother*	hester blunt
6. *Mother's Maiden Name*	hester forster
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	charles andrew blunt
9. *Father's Occupation*	labour
10. *Father's Birthplace*	north carline
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 fayys coaveme
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24507

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~)	8 t
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Apr 20 1878
4. Place of Birth (Street and Number)	Dunken Alley No 55.
5. Full Name of Mother	Maria Sundhausen
6. Mother's Maiden Name	Ruth Schwaben
7. Mother's Birthplace	Dybel Schwaben
8. Full Name of Father	Filemens Sundhausen
9. Father's Occupation	Schuhmaker
10. Father's Birthplace	Bayern on Prussia
Name of Medical Attendant, or other Person who makes this Return.	Wm. F. Neuspach
Address	S. Wolfstr No 28
Remarks	Midwife

RETURN OF A BIRTH.

21508

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Apr 20. 1878
4. *Place of Birth (Street and Number)* Portugal ctlle bet 5
5. *Full Name of Mother* Antonie Weichhard
6. *Mother's Maiden Name* Peresetzko
7. *Mother's Birthplace* Margalin Prussia
8. *Full Name of Father* Konrad Weichhard
9. *Father's Occupation* Worker
10. *Father's Birthplace* Salzbach Bevern

Name of Medical Attendant, or other Person who makes this return Wm Johannes Baumbach

Address South Wolfe bet 28

Remarks Wm Jones

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24509

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth April 26th 1878
4. Place of Birth (Street and Number) Battery Av No 263.
5. Full Name of Mother Mary ~~Elizabeth~~ Harrison
6. Mother's Maiden Name Mary Harrington
7. Mother's Birthplace Dorchester Co. Md.
8. Full Name of Father George Harrison
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this return Dorothea Brune

Address 114 Battery Av

Remarks

MM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24510

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 29th 1878
4. Place of Birth (Street and Number)	Basin St. 576
5. Full Name of Mother	Mary Gibbons
6. Mother's Maiden Name	Mary Cahill
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Gibbons
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Hanora Little
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24511

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 tes Kind
1. *Sex (state whether Male or Female)*	Knb
2. *Race or Color (if not of the white race)*	Weiß
3. *Date of Birth*	geboren den 20 April
4. *Place of Birth (Street and Number)*	№ 169 Conkling Str
5. *Full Name of Mother*	Barbara Amon
6. *Mother's Maiden Name*	B. Hager
7. *Mother's Birthplace*	Deutschland
8. *Full Name of Father*	Andreas Amon
9. *Father's Occupation*	Schuhmacher
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this return	Friedrike Kaufmann
Address	№ 204 S. Dallas Str
Remarks	Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24512

HEALTH DEPARTMENT
APR 22 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, six or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	A Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	21 April 1878
4. *Place of Birth (Street and Number)*	5 North Washington st
5. *Full Name of Mother*	Marian Zil
6. *Mother's Maider Name*	Marian Herpling
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Casper Herpling
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Crescentius Krumbhaar
Address	15 North Wisspel st
Remarks	Healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21513

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth April 21st 1878
4. Place of Birth (Street and Number) No 193 N Caroline
5. Full Name of Mother Eliza Duff
6. Mother's Maiden Name Eliza Gittings
7. Mother's Birthplace Balto
8. Full Name of Father Andrew Duff
9. Father's Occupation Huckster
10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this return J. Ridgway, Midwife

Address No 126 E Balto st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24574

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 2.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	~~21st April 78.~~ White
3. *Date of Birth*	21st April 78
4. *Place of Birth (Street and Number)*	263 N Bond St
5. *Full Name of Mother*	Ida Virginia Gordon
6. *Mother's Maiden Name*	Start
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Joseph Gordon
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo W Brayson MD
Address	#18 Aliquot St
Remarks	

RETURN OF A BIRTH.

24575

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eight
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Twenty first 21 Apr
4. Place of Birth (Street and Number)	No 388 North Howard
5. Full Name of Mother	Cecilia A Meyer
6. Mother's Maiden Name	Lemmon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles H Meyer
9. Father's Occupation	Jeweller
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sommerfeld
Address	38 Penna Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24516

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. ~~*Sex (state whether Male or Female)*~~
2. *Race or Color (if not of the white ~~race~~)*
3. *Date of Birth* Apr 21 78
4. *Place of Birth (Street and Number)* 314 Pierce
5. *Full Name of Mother* Alice Anna Kirwan
6. *Mother's Maiden Name* Bangs
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Geo W Kirwan
9. *Father's Occupation* Brass finisher
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this return Dr Wachsmuth

Address 314 Pierce

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24517

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. ~~*Sex (state whether Male or Female)*~~
2. *Race or Color* ~~*(if not of the white race)*~~
3. *Date of Birth* April 21 78
4. *Place of Birth (Street and Number)* 396 Lexington E
5. *Full Name of Mother* Anna Eliza Byrne
6. *Mother's Maiden Name* Kelpatrick
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Wm. F. Byrne
9. *Father's Occupation* Electrician
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this return Dr. Wadman

Address 349 Read

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24518

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Apr 21. 1878
4. *Place of Birth (Street and Number)* N. Washington st No 111.
5. *Full Name of Mother* Elisabeth Frankenberg
6. *Mother's Maiden Name* Dunaway
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Frankenberg
9. *Father's Occupation* Putscher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Wm. H. Baupach
Address S. Wolfe st No 28
Remarks Wm. Dr fe

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

No. 24519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 26th 1878
4. *Place of Birth (Street and Number)*	William St. No. 362
5. *Full Name of Mother*	Julia Meyer
6. *Mother's Maiden Name*	Julia Robsmann
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Ferdinand Meyer
9. *Father's Occupation*	Anne Arundel Co Md
10. *Father's Birthplace*	Labor
Name of Medical Attendant, or other Person who makes this return	Dorothea Brun
Address	114 Baltimore St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21520

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 des Kind

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren den 21 April
4. Place of Birth (Street and Number) № 7 Bethel Str
5. Full Name of Mother Wilhelmine Woelfe
6. Mother's Maiden Name M. Akermann
7. Mother's Birthplace Baltimore
8. Full Name of Father Sch. Malfe
9. Father's Occupation Former
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Friederike Ranfmann

Address № 204 S. Dallas Str

Remarks Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24521

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 21st 1878
4. Place of Birth (Street and Number) 37 N Holliday
5. Full Name of Mother Kate Holmes
6. Mother's Maiden Name ~~Roberts~~ ~~Holmes~~ Kate Wagner
7. Mother's Birthplace Balto
8. Full Name of Father Robert F Holmes
9. Father's Occupation Electro Plating
10. Father's Birthplace Balto
Name of Medical Attendant, or other Person who makes this Return. George B Reynolds
Address 43 N Calvert
Remarks

RETURN OF A BIRTH.

214522

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female -
2. Race or Color (if not of the white race)	Colored -
3. Date of Birth	~~217 Raborg St~~ - April 22. 78
4. Place of Birth (Street and Number)	217 Raborg St -
5. Full Name of Mother	Margaret Ann Mason
6. Mother's Maiden Name	" " Langford
7. Mother's Birthplace	Norfolk, Va -
8. Full Name of Father	Samuel W. Mason
9. Father's Occupation	Grocer -
10. Father's Birthplace	Washington, D.C -
Name of Medical Attendant, or other Person who makes this Return	John F. King, M.D
Address	No 76 Edmondson Ave -
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24523

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 22 1878.
4. *Place of Birth (Street and Number)* No 67 Douglas st.
5. *Full Name of Mother* Rosa Cronhardt
6. *Mother's Maiden Name* Rosa Brugemann.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Henry Cronhardt
9. *Father's Occupation* Liquor store.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Hena Hollyest.

Address 182 Monument st.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21521 4

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 22, 1878
4. Place of Birth (Street and Number)	Baltimore, 427 North Mount St
5. Full Name of Mother	Myra I. Hall.
6. Mother's Maiden Name	Myra I. Garrison
7. Mother's Birthplace	New York city
8. Full Name of Father	Joseph T. Hall
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Lower Marlborough, Calvert Co. Md
Name of Medical Attendant, or other Person who makes this Return.	John T. King, M. D.
Address	307. N. Strieker St. Balto.
Remarks	

RETURN OF A BIRTH.

24525

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 a

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 22 1878
4. *Place of Birth (Street and Number)* 140 Conway Street
5. *Full Name of Mother* Molly Kane
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Annapolis Junction MD
8. *Full Name of Father* John Kane
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 11 Bayard alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24526

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	April 22 1878
4. *Place of Birth (Street and Number)*	922 Carlton Ave
5. *Full Name of Mother*	Mary Ellen Brown
6. *Mother's Maiden Name*	Mary Ellen Carter
7. *Mother's Birthplace*	Carlton Shore
8. *Full Name of Father*	William Brown
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this return	Dr. William
Address	[illegible]
Remarks	Father [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 4d Child
1. Sex (state whether Male or Female)	Caucasian
2. Race or Color (if not of the white race)	it is White Race
3. Date of Birth	22 April 1878
4. Place of Birth (Street and Number)	Baltimore Carlton No 7
5. Full Name of Mother	anna Silman
6. Mother's Maiden Name	anna Silcher.
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Martin Silcher
9. Father's Occupation	Carpenter
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Mary Rastl
Address	69 Richmond.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24528

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 23rd 1878
4. *Place of Birth (Street and Number)* Dallas St
5. *Full Name of Mother* Louisa Warner
6. *Mother's Maiden Name* Louisa Ware
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Warner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Petersburg

Name of Medical Attendant, or other Person who makes this Return. Wm Louis Atkins

Address 111 South Dallas St

Remarks You will receive one from me containing a still birth which was a mistake being the same

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24529

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth April 22 nd 1878
4. Place of Birth (Street and Number) Hampstead St 40
5. Full Name of Mother " "
6. Mother's Maiden Name Carrie Eakers
7. Mother's Birthplace Delaware
8. Full Name of Father "
9. Father's Occupation "
10. Father's Birthplace "
Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ally
Address 48 Holland St
Remarks

RETURN OF A BIRTH. 24530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 22. 1878.
4. Place of Birth (Street and Number)	224 Saratoga St.
5. Full Name of Mother	Mary J. Daly
6. Mother's Maiden Name	Mary J. Wright
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Hammett X. Daly
9. Father's Occupation	Dentist
10. Father's Birthplace	Newport - Ohio.
Name of Medical Attendant, or other Person who makes this Return.	W. E. Moseley M. D.
Address	136 W. Biddle St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24531

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	22 April 1877
4. Place of Birth (Street and Number)	No 3 Seldon st Balt
5. Full Name of Mother	Mary Spence
6. Mother's Maiden Name	Mary Wilson
7. Mother's Birthplace	Dorchester County Md
8. Full Name of Father	James Spence
9. Father's Occupation	Steamdore
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Margret Spriggs
Address	No 2 Peach alley
Remarks	No difficulty

RETURN OF A BIRTH.

24532

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April the 27 1878
4. *Place of Birth (Street and Number)* No 8 Comberland st
5. *Full Name of Mother* Annie Willert
6. *Mother's Maiden Name* Annie Disler (Cisler)
7. *Mother's Birthplace* Hanover
8. *Full Name of Father* George Willert
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Hanover

Name of Medical Attendant, or other Person who makes this return Dr Annie Messerschl

Address No 226 Preston St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Secret Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	april 22nd 1878
4. Place of Birth (Street and Number)	W. 263 N. Strieker St
5. Full Name of Mother	Emma E. Elliott.
6. Mother's Maiden Name	Emma E. Isaacs.
7. Mother's Birthplace	Ellicott City. Md.
8. Full Name of Father	Wallace W. Elliott.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	W. F. Jones M.D.
Address	96 N. Paca St.
Remarks	Child condition good,

RETURN OF A BIRTH. 245314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE APR 22 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 22 1878
4. Place of Birth (Street and Number)	132 N Schroder st
5. Full Name of Mother	Georgie Ward
6. Mother's Maiden Name	Georgie Leaty
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph S Ward
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Henry Dorsey M D
Address	252 Lexington Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214535

HEALTH DEPARTMENT APR 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child living
1. *Sex (state whether Male or Female)*	A) Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	23rd April, 1878
4. *Place of Birth (Street and Number)*	151 East Orleans st
5. *Full Name of Mother*	Estella Ball
6. *Mother's Maiden Name*	Estella Wheat
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Purdy Ball
9. *Father's Occupation*	Book keeper
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this return	Owen Jones M.D.
Address	11 Gay st & 30 Gilmor st
Remarks	Healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form of Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21536

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 23 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 23d 1878.
4. *Place of Birth (Street and Number)*	45 Parkin st.
5. *Full Name of Mother*	Mary Dulal Johnston
6. *Mother's Maiden Name*	Mary Dulal Perkins
7. *Mother's Birthplace*	Northumberland Co. Virginia,
8. *Full Name of Father*	Worthington Johnson
9. *Father's Occupation*	Telegrapher
10. *Father's Birthplace*	Frederick City. Md.
Name of Medical Attendant, or other Person who makes this return	M. C. Fox. Md
Address	154. Penna Avenue

Remarks Child was badly developed, Malformation of nose
Cord around neck.
But one nostril / Eyes not developed, Mother had been frightened by Deaf
& Dumb man at State Asylum which may have
caused Malformation &c

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children,

RETURN OF A BIRTH.

24537

HEALTH DEPARTMENT APR 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 3.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 23 78.
4. *Place of Birth (Street and Number)* 300 E Madison St
5. *Full Name of Mother* Ursula Colley Cox.
6. *Mother's Maiden Name* " " Ferguson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Edward Cox
9. *Father's Occupation* House Painter
10. *Father's Birthplace* Alexandria Virginia

Name of Medical Attendant, or other Person who makes this Return. Geo H Harper M.D.

Address 18 Aisquith St

Remarks

RETURN OF A BIRTH.

21538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Twin

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* 23 April 1878
4. *Place of Birth (Street and Number)* 11 21 Valentine Alley
5. *Full Name of Mother* Mary Clark
6. *Mother's Maiden Name* Mary Reed
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Charles Clark
9. *Father's Occupation* Painter in House &c
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Routh

Address Williams No 20 Exeter

Remarks Twin first Child Mary Reed

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Brief Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

24539

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY. April 25th 1878

HEALTH DEPARTMENT APR 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 23rd 1878.
4. *Place of Birth (Street and Number)* 37 East n. Ave.
5. *Full Name of Mother* Mary Friedel
6. *Mother's Maiden Name* Mary Wagner
7. *Mother's Birthplace* America
8. *Full Name of Father* Charles Friedel
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. M. Amend

Address No. 137 Wolfe St.

Remarks

RETURN OF A BIRTH.

211540

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of Child. Elizabeth Roth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether ~~Male or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth April the 20 1878
4. Place of Birth (Street and Number) E. Central Ave. No. 16,
5. Full Name of Mother Katharina Roth.
6. Mother's Maiden Name Katharina Boerdner
7. Mother's Birthplace Baltimore City
8. Full Name of Father Georg Roth
9. Father's Occupation Shoemaker
10. Father's Birthplace Siegnitz N. Baiern. Germany

Name of Medical Attendant, or other Person who makes this return Mary E. Muller

Address N. Dallas St. No. 26.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24541

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth April 22. 1878
4. Place of Birth (Street and Number) Patron. Pa. near Lee
5. Full Name of Mother Mary Ann Harget
6. Mother's Maiden Name Mary Ann King
7. Mother's Birthplace Baltimore
8. Full Name of Father William Henry Harris Harget
9. Father's Occupation Hucter
10. Father's Birthplace Baltimore County.

Name of Medical Attendant, or other Person who makes this return Louisa Willy

Address

Remarks Call in doctor gatley

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21542

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 23rd 1878
4. *Place of Birth (Street and Number)*	216 Bank Street
5. *Full Name of Mother*	Ann Jane ~~Dougherty~~ Garvey
6. *Mother's Maiden Name*	" " Dougherty
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Joseph Garvey
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	James F. O'Shane M.D.
Address	68 S. Broadway
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[illegible] of a Birth. 24313

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

[illegible] whether Male or Female) Female

[illegible] Color (if not of the white race) White

[illegible] Birth April 23. 1878.

[illegible] of Birth (Street and Number) 37 S. Gist St.

[illegible] Name of Mother Anna Randolph.

[illegible]'s Maiden Name Anna Goshell.

[illegible]'s Birthplace Baltimore

8. Full Name of Father Lewis W. Randolph.

9. Father's Occupation Lumber Dealer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jas. F. Bouzell M.D

Address 1st Baptist Ave.

Remarks Child Healthy

[illegible] physician, nurse, [illegible] midwife, or other person in charge, who shall attend [illegible] within the birth of any [illegible] child, the City of Baltimore, shall report to the registrar within six days thereafter, [illegible] Surely the date of birth, sex, and color of the child or children born, its or their physical condition [illegible] still born or not, the full name, nativity, and residence of the parents, and the maiden name [illegible] children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

245411

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 23rd 1875
4. Place of Birth (Street and Number)	408 Monument St
5. Full Name of Mother	Lizzie Beyer
6. Mother's Maiden Name	Lizzie Young
7. Mother's Birthplace	United States
8. Full Name of Father	George Beyer
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Easter
Address	52 E. Lombard St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 23rd 1878
4. *Place of Birth (Street and Number)*	No 1451 S Fayette
5. *Full Name of Mother*	Rebecca E. Hurley
6. *Mother's Maiden Name*	Rebecca E. Windsor
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Joseph L. Hurley
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this return	Mary A Allwell
Address	216 N Bond St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24546

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	23 of April 1878
4. *Place of Birth (Street and Number)*	No 10 Leadenhall st
5. *Full Name of Mother*	Anna Bailey
6. *Mother's Maiden Name*	Smith
7. *Mother's Birthplace*	Accomac Co Va
8. *Full Name of Father*	Luther Bailey
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Accomac Co Va
Name of Medical Attendant, or other Person who makes this Return.	Geo Siding
Address	
Remarks	Baltimore

Duty of Persons required to make Returns to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24547

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3, 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 23rd 1878.
4. *Place of Birth (Street and Number)* No 210. Eager St.
5. *Full Name of Mother* Barbara Bruggeis.
6. *Mother's Maiden Name* Barbara Wahe.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* August Baumeis
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Hind Hellegnet.

Address 182 Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24548

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	23rd April 1878
4. *Place of Birth (Street and Number)*	No 90 north Bond St
5. *Full Name of Mother*	Louisa King
6. *Mother's Maiden Name*	Louisa Kimball
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James King
9. *Father's Occupation*	Driver
10. *Father's Birthplace*	Baltimore County
Name of Medical Attendant, or other Person who makes this return	Mrs Boice
Address	No 26 N Frederick
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Return of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24549

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth April 23d 1878

4. Place of Birth (Street and Number) 412 Eutaw Square

5. Full Name of Mother Sophia Gooding Meredith

6. Mother's Maiden Name Sophia Gooding Rose

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles B. Meredith

9. Father's Occupation Lawyer

10. Father's Birthplace Richmond Va.

Name of Medical Attendant, or other Person who makes this Return. Jos. Lloyd Martin M.D.

Address No 38 Mount Vernon Place

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any person having charge of any child born in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24550

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.
1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* April 24th 1878.
4. *Place of Birth (Street and Number)* No 108 Hanover Hill ave
5. *Full Name of Mother* Jesella Horn
6. *Mother's Maiden Name* Jesella Slater
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* William Horn.
9. *Father's Occupation* Dispenser
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Henry Hillegeist
Address 182 E Monument St.
Remarks

RETURN OF A BIRTH.

24557

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 25 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24th
4. Place of Birth (Street and Number)	77 Holland St.
5. Full Name of Mother	Mary Patrick Howard
6. Mother's Maiden Name	Howard
7. Mother's Birthplace	Richmond Va.
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	A. E. Steen. M. D.
Address	195 N. Eden St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24552

RETURN OF A BIRTH.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 24 d 1878
4. *Place of Birth (Street and Number)* 134 E. Lombard St nd
5. *Full Name of Mother* Alta Davis
6. *Mother's Maiden Name* Alta Neils
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jams Alt. Davis
9. *Father's Occupation* Clark
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Marie Rudiger

Address 134 E. Lombard St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Duty of Persons in charge of Births to report to Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24553

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)
1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth April 24/878
4. Place of Birth (Street and Number) 5 N Loudenmer
5. Full Name of Mother Kate Ratto
6. Mother's Maiden Name " Conley
7. Mother's Birthplace Balto
8. Full Name of Father John Ratto
9. Father's Occupation Laborer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. A L Sherlzer M.D.
Address 11 S. High St
Remarks

RETURN OF A BIRTH. 24554

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
APR 27 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 24th 1878
4. Place of Birth (Street and Number)	164 Franklin St Balto
5. Full Name of Mother	Jenny Reed Armor
6. Mother's Maiden Name	Jenny Reed Dixon
7. Mother's Birthplace	Argyle Scotland
8. Full Name of Father	Geo A Armor
9. Father's Occupation	Merchant
10. Father's Birthplace	Chesterton
Name of Medical Attendant, or other Person who makes this Return	J. R. Miller M. D.
Address	234 W. Fayette St
Remarks	

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24555

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st (first)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 24th April 1878
4. Place of Birth (Street and Number) 111 Pratt
5. Full Name of Mother Anna Maria Neis
6. Mother's Maiden Name Anna Maria Ley
7. Mother's Birthplace Baltimore
8. Full Name of Father John Joseph Neis
9. Father's Occupation Wood Turner
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. H. Hedmann M. D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24556

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT APR 27 1875 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	born 24th April 1875
4. Place of Birth (Street and Number)	Jones Court No. 6
5. Full Name of Mother	Martha Chase [redacted]
6. Mother's Maiden Name	Martha Wilson [redacted]
7. Mother's Birthplace	Dorchester Maryland.
8. Full Name of Father	[redacted] Wm Chase
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorchester Maryland
Name of Medical Attendant, or other Person who makes this Return.	Susan Morgan Dunbar st no 47
Address	
Remarks	

Penalty for Violation of this Section.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24357

HEALTH DEPARTMENT APR 1878 BALTIMORE.

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 April
4. Place of Birth (Street and Number)	185 Greenmount Ave
5. Full Name of Mother	Mary E. Tracy
6. Mother's Maiden Name	Eccleston
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward M Tracy
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Ormsby J Chrisman
Address	No 7 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24558

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored race
3. Date of Birth April the 24 / 78
4. Place of Birth (Street and Number) durham St 170 Baltimore
5. Full Name of Mother Agnis prayer
6. Mother's Maiden Name agniss Johnson
7. Mother's Birthplace Baltimore Co md
8. Full Name of Father Benjaman prayer
9. Father's Occupation Stevedor
10. Father's Birthplace Baltimore Co md
Name of Medical Attendant, or other Person who makes this Return, Lucinda Woolford
Address Regester St 130 Baltimore md
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24559

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 24th 1878
4. Place of Birth (Street and Number)	73 Lamb St
5. Full Name of Mother	Mr. F. Keefer
6. Mother's Maiden Name	M. F. Hubbard
7. Mother's Birthplace	City
8. Full Name of Father	Jshn Keefer
9. Father's Occupation	Druggist
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Hibbobble Mcw
Address	17 Lamb St
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211560

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)	8 te
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	Apr. 24. 1878
4. *Place of Birth (Street and Number)*	6 Pombard str No 286.
5. *Full Name of Mother*	Maria Schlauch
6. *Mother's Maiden Name*	Oehs
7. *Mother's Birthplace*	Wersendorf Bavern
8. *Full Name of Father*	Georg Schlauch
9. *Father's Occupation*	Milkman
10. *Father's Birthplace*	Wersendorf Bavern
Name of Medical Attendant, or other Person who makes this return	W. H. Baumgarth
Address	24 Wolf str No 28
Remarks	Undertaker

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24561

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c)	7 C
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Apr 24. 1878
4. Place of Birth (Street and Number)	N. Durhamstr No 50
5. Full Name of Mother	Josepha Wagner
6. Mother's Maiden Name	Seyfert
7. Mother's Birthplace	Wirthem Bavern
8. Full Name of Father	Philip Wagner
9. Father's Occupation	Tupper
10. Father's Birthplace	Frammersbach Bavern
Name of Medical Attendant, or other Person who makes this Return.	Wm. F. Prempreh.
Address	S. Wolfstr No 28
Remarks	Wm. Imfe

RETURN OF A BIRTH.

21562

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 24th 1878.
4. *Place of Birth (Street and Number)*	163 Laurel St.
5. *Full Name of Mother*	Pauline Eva Fix.
6. *Mother's Maiden Name*	" " Eichner.
7. *Mother's Birthplace*	Cincinnati, O.
8. *Full Name of Father*	Chas. Wm Fix.
9. *Father's Occupation*	Tonsorial Artist
10. *Father's Birthplace*	Wurttemberg, Germany.
Name of Medical Attendant, or other Person who makes this return	Learned Miss Julia
Address	No 26 N Smallwood St
Remarks	Louise
	Mc L

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Brief Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24563

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	10 th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April the 24th 1878
4. Place of Birth (Street and Number)	No 1. Horn St.
5. Full Name of Mother	Mary ~~Hickman~~ Shaw.
6. Mother's Maiden Name	Mary Hickman
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George W. Shaw.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Wm. H. N. Bull.
Address	No 185 E. cor. of Monument St. & Central ave
Remarks	All well.

RETURN OF A BIRTH.

24564

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. *Sex (state whether Male or Female)*	Fem -
2. *Race or Color (if not of the white race)*	—
3. *Date of Birth*	April 24th 1878.
4. *Place of Birth (Street and Number)*	363 Light St.
5. *Full Name of Mother*	Clara V. Meusham.
6. *Mother's Maiden Name*	" " Hyson
7. *Mother's Birthplace*	Balto. City -
8. *Full Name of Father*	Jno A. Meusham.
9. *Father's Occupation*	Tobacconist.
10. *Father's Birthplace*	Balto. City -
Name of Medical Attendant, or other Person who makes this return	R. J. H. Tall. M.D.
Address	152 Sharp St.
Remarks	Child living.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Every Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24565

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
2
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 24 April
4. Place of Birth (Street and Number) No 70 Granby St
5. Full Name of Mother Louisa Heumann
6. Mother's Maiden Name Lamsbach
7. Mother's Birthplace Germany
8. Full Name of Father Henry Heumann
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Heiner

Address No 70 Granby St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 24566

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	1
(state whether Male or Female)	Colored Male
ce or Color (if not of the white race)	Colored
e of Birth	Born the Sunday night at eight oclock
ce of Birth (Street and Number)	No 24 Stockton, alley
Name of Mother	Charlottie Brent
her's Maiden Name	
her's Birthplace	
Name of Father	George D Brent
her's Occupation	Waiter in an hotel
her's Birthplace	
e of Medical Attendant, or other Person who makes th is Return.	Caroline Jones midwife
dress	At No 256 Vine Street
arks	

RETURN OF A BIRTH. 24567

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 25 apr 1878
4. *Place of Birth (Street and Number)* 271 N Eutaw
5. *Full Name of Mother* Joanna Scriven
6. *Mother's Maiden Name* n McCarthy
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Chas T Scriven
9. *Father's Occupation* Undertaker
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Clydane Taneyhill

Address 129 W Baltimore St

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21568

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* April 25 1878
4. *Place of Birth (Street and Number)* Holland St 72
5. *Full Name of Mother* Barbara Pepple
6. *Mother's Maiden Name* " Bertram
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Henry Pepple
9. *Father's Occupation* Truck maker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ulry

Address 48 Holland St

Remarks

RETURN OF A BIRTH. 24569

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White race
3. Date of Birth April 25 1878
4. Place of Birth (Street and Number) Durham St 360
5. Full Name of Mother Katherine Knoelle
6. Mother's Maiden Name " Wallace
7. Mother's Birthplace Ireland
8. Full Name of Father Patrick Knoelle
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Kelly

Address 48 Holland St

Remarks

rect Board of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214570

HEALTH DEPARTMENT APR 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25th April
4. *Place of Birth (Street and Number)* 99 Elliott st Canton
5. *Full Name of Mother* Ellen Martin
6. *Mother's Maiden Name* Ellen Gibbons
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Martin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Gibbons

Address 104 Bunker st Canton

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24371

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 26 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex (state whether Male or Female)* [illegible]
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* [illegible]
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks [illegible]

[illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24579

HEALTH DEPARTMENT
APR 27
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April the. 25. 1878
4. *Place of Birth (Street and Number)* S. Register St No 71
5. *Full Name of Mother* Pauline Baumeister
6. *Mother's Maiden Name* Pauline Hahn
7. *Mother's Birthplace* Genbritz. K. Preussen. Germany
8. *Full Name of Father* Ferd Baumeister
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Hille. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Harry E. Muller

Address N. Dallas St No 26,

Remarks

vert Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21573

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
APR 30 1878
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th April
4. Place of Birth (Street and Number)	Preston & Near Front Ave
5. Full Name of Mother	Mollie A. Brooks
6. Mother's Maiden Name	Mollie A. Robertson
7. Mother's Birthplace	Hagerstown Md
8. Full Name of Father	Edwin Brooks
9. Father's Occupation	Merchant
10. Father's Birthplace	Balt. Md
Name of Medical Attendant, or other Person who makes this Return.	W. Keech
Address	151 E Chase
Remark	

rent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2115711

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	April 25th 1878
4. *Place of Birth (Street and Number)*	88 Exeter St.
5. *Full Name of Mother*	Lizzie E. White
6. *Mother's Maiden Name*	Lizzie E. Ramsey
7. *Mother's Birthplace*	United States
8. *Full Name of Father*	James J. White
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cashen
Address	52 E. Lombard St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24573

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 25th 3 P.M. 1878
4. *Place of Birth (Street and Number)* 4 N. Washington Street
5. *Full Name of Mother* Placida Adams
6. *Mother's Maiden Name* Placida Cesati
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Cope Adams Jr.
9. *Father's Occupation* Sail Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Swindle M.D

Address 299 E. Baltimore Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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...rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21576

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 2d 1878
4. *Place of Birth (Street and Number)* No 65 S. Bethel st
5. *Full Name of Mother* Lizzie Rough
6. *Mother's Maiden Name* Stolch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Rough
9. *Father's Occupation* Coal Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetzke

Address No 65 S. Bond st

Remarks

RETURN OF A BIRTH.

24577

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 4 1878
BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether Male or Female~~) Male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 25 - 1878
4. *Place of Birth* (Street and Number) 284 Howard
5. *Full Name of Mother* Mrs William Scott
6. *Mother's Maiden Name* Miss Em - Lantz
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Mr William Scott
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. William Lee

Address Eutaw & Hoffman

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24578

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 25th 1878.
4. Place of Birth (Street and Number)	4 Clarkson Alley
5. Full Name of Mother	Margaret E. Donohue
6. Mother's Maiden Name	" Timmons
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Patrick Donohue
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Edward R. McDevitt
Address	137 N Eutaw St
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* April 23 "
4. *Place of Birth* (Street and Number) 243 Collins St
5. *Full Name of Mother* Mary Addie Smith
6. *Mother's Maiden Name* Mc Kee Hunt
7. *Mother's Birthplace* Greencastle Pa
8. *Full Name of Father* Charles L. Smith
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E Sinclair

Address No 59 Frederick ave

Remarks

reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24560

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Apr 24
4. *Place of Birth (Street and Number)* 28 north Dallas st
5. *Full Name of Mother* Emly [redacted] Brown
6. *Mother's Maiden Name* Emly Caroway
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Brown
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ida Johnson
Address 32 Hart st
Remarks Preg. Delicate child

Penalty for neglect of duty by the above, or Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21581

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th 1878
4. Place of Birth (Street and Number)	730 South Charles St
5. Full Name of Mother	Hannah M Biggs
6. Mother's Maiden Name	Hannah [illegible]
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jonathan Biggs
9. Father's Occupation	Sail boat Engineer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24582

HEALTH DEPARTMENT APR 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th 78
4. Place of Birth (Street and Number)	27 W. Pratt St.
5. Full Name of Mother	Bertha Yeager Wagner
6. Mother's Maiden Name	
7. Mother's Birthplace	Hessendarmstadt.
8. Full Name of Father	Aug. Yeager
9. Father's Occupation	Tobacco manufacture
10. Father's Birthplace	Hanover.
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch.
Address	321 South Eutaw St.
Remarks	

Physicians and others required by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

No. 24583

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th 1878
4. Place of Birth (Street and Number)	228 Franklin Street
5. Full Name of Mother	Laura Christiff
6. Mother's Maiden Name	Laura Odell
7. Mother's Birthplace	Maryland
8. Full Nome of Father	Geo. L Christiff
9. Father's Occupation	Lithographer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	A Darling M D
Address	252 Lexington Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2115811

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	26th of April 1878
4. Place of Birth (Street and Number)	339 Eager St.
5. Full Name of Mother	L. Edwardt
6. Mother's Maiden Name	L. Heintze
7. Mother's Birthplace	Germany Lower
8. Full Name of Father	John Chas. Edwardt
9. Father's Occupation	Tailor.
10. Father's Birthplace	Germany Lower
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	120 N. Caroline St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24585

HEALTH DEPARTMENT 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Feb 26 April
4. Place of Birth (Street and Number)	136 Washington Ave
5. Full Name of Mother	Catherine Logan
6. Mother's Maiden Name	Catherine Mulyan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jas Mason Logan
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Nazareno
Address	Rusk'd St No 70
Remarks	

211586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT APR 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* April 20.

4. *Place of Birth (Street and Number)* No 248 Bishop Street

5. *Full Name of Mother* Mary Johnson

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Talbot County

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Wm Gross

Address No 181 Fork Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21587

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	
1. *Sex* (state whether *Male or Female*)	female
2. *Race or Color* (if not of the white race)	white
3. *Date of Birth*	Apr 26. 1878
4. *Place of Birth* (Street and Number)	N. Wolfst No 119.
5. *Full Name of Mother*	Maria Lemkuhler
6. *Mother's Maiden Name*	Weber
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Mathias Lemkuhler
9. *Father's Occupation*	Schoolmaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm F. Rennpack
Address	S. Wolfst No 28
Remarks	Midwife

Correct Record of Vital Statistics in the City of Baltimore.

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21588

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 26th 1878
4. Place of Birth (Street and Number)	5 Washington Ave
5. Full Name of Mother	Elizabeth Miller
6. Mother's Maiden Name	Elizabeth Eisar
7. Mother's Birthplace	Germany
8. Full Name of Father	Michael Miller
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Jacob Kasher
Address	52 E. Lombard St
Remarks	

RETURN OF A BIRTH.

21559

HEALTH DEPARTMENT 18 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth 26 of April

4. Place of Birth (Street and Number) no 193 Patapsco st. Ward Baltimore Md

5. Full Name of Mother Catharine Ann Gannon

6. Mother's Maiden Name Catharine Ann Mcgonigal

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Alexander Gannon

9. Father's Occupation Saddle maker

10. Father's Birthplace Delaware

Name of Medical Attendant, or other Person who makes this Return. Mrs. Conway mid wife

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Penalty for neglect, not exceeding Fifty Dollars, in the City of Baltimore.

RETURN OF A BIRTH.

24590

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 26th 1878
4. Place of Birth (Street and Number)	324 E. Pratt st Baltimore
5. Full Name of Mother	Mary A. Krasner
6. Mother's Maiden Name	Mary A. Dippold
7. Mother's Birthplace	Germany
8. Full Name of Father	Geo. W. Krasner
9. Father's Occupation	Musical instrument maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John H. Conner
Address	286 E. Baltimore st
Remarks	

Parties Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2115 91

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 26th 5 25/60 A.M. Civil 1878
4. *Place of Birth (Street and Number)* 31 Jackson Square
5. *Full Name of Mother* Letitia Grant
6. *Mother's Maiden Name* Letitia Marie
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Charles Goodrich Grant
9. *Father's Occupation* Flour Merchant
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Jones E. Donnelle M.D.
Address 299 E. Baltimore Street
Remarks

Blank Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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24599

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~White~~ Colland
3. Date of Birth	April 26th. 1878
4. Place of Birth (Street and Number)	No 4 Horn St.
5. Full Name of Mother	Anna Godfred
6. Mother's Maiden Name	Anna Fellman.
7. Mother's Birthplace	Easter Shore
8. Full Name of Father	Wm. Godfred
9. Father's Occupation	Works in Brickyard
10. Father's Birthplace	Kentucky
Name of Medical Attendant, or other Person who makes this Return	Mrs. M. A. Butt.
Address	No 185 E. Monument St. So. Central ave
Remarks	All Well.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21593

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 26th 1878.
4. *Place of Birth (Street and Number)* 365 E. Lombard st
5. *Full Name of Mother* Anna Catharine Jones
6. *Mother's Maiden Name* Anna C. Gaertting.
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Thomas Levin Jones
9. *Father's Occupation* Ship Smith
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return — Nicholas L. Bashell

Address 207 S. Broad Away

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Return of a Birth.

3-10-37

211594

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

Carl Nolting Wilstorf

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	26 April 1878
4. Place of Birth (Street and Number)	N. Eutaw Street 25.
5. Full Name of Mother	Emma ~~Wilstorf~~ Wilstorf
6. Mother's Maiden Name	Emma ~~Nolting~~ Nolting
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles ~~Wilstorf~~ Wilstorf
9. Father's Occupation	Clerk
10. Father's Birthplace	Bielefeld - Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr L Reinhard
Address	224 W Fayette Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21595

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26th of April
4. *Place of Birth (Street and Number)* 15 Aisquith Alley
5. *Full Name of Mother* Ann Eliza Moore
6. *Mother's Maiden Name* Hallman
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Edwin Moore
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Dr. Charlotte Crosby

Address 319 Cathedral St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21596

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth August 27th 1878

4. Place of Birth (Street and Number) 194 E Baltimore St

5. Full Name of Mother Louisa Ware

6. Mother's Maiden Name " Ransaner

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm Ware

9. Father's Occupation Police officer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wm C & Lewis

Address 162 Hanover St

Remarks

RETURN OF A BIRTH.

21597

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Femel
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* 27 April 1877
4. *Place of Birth (Street and Number)* No 11 Hamburg st
5. *Full Name of Mother* Laura barney
6. *Mother's Maiden Name* Laura Hawdy
7. *Mother's Birthplace* Balt
8. *Full Name of Father* Preast Hawday
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* City Balt

Name of Medical Attendant, or other Person who makes this Return. Margret Spriggs

Address No 2 Peach alley

Remarks no difficulty

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24598

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	27 April 1878
4. Place of Birth (Street and Number)	162 S. Central Ave.
5. Full Name of Mother	Lizzie Mueller
6. Mother's Maiden Name	Walz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Mueller
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Muller
Address	151 E Fall St.
Remarks	

RETURN OF A BIRTH. 24599

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-d

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color ~~(if not of the white race)~~*
3. *Date of Birth* Apr 27. 78
4. *Place of Birth (Street and Number)* 499 W. Fayette
5. *Full Name of Mother* Helen Smith
6. *Mother's Maiden Name* Mathews
7. *Mother's Birthplace* Talbot Co Md
8. *Full Name of Father* Atty H. Smith
9. *Father's Occupation* Jeweler
10. *Father's Birthplace* Queen Anne's Co Md

Name of Medical Attendant, or other Person who makes this return Dr. Eastman

Address 849 Hanover

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person, in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24600

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	April 27th 1878
4. Place of Birth (Street and Number)	182 Canal St
5. Full Name of Mother	Minnie Steinberg
6. Mother's Maiden Name	Minnie Heinzmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Franz Steinberg
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Isaac Carter
Address	52 S Lombard St
Remarks	

RETURN OF A BIRTH.

24601

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 27th 1878
4. *Place of Birth (Street and Number)* 162 S. Caroline Street
5. *Full Name of Mother* Mary Anna Feild
6. *Mother's Maiden Name* " " Kaiser
7. *Mother's Birthplace* Heinheim, Hesse Darmstadt, Germany
8. *Full Name of Father* John Henry Feild
9. *Father's Occupation* Hanover, Germany
10. *Father's Birthplace* Rigger

Name of Medical Attendant, or other Person who makes this Return James S. McShane, M.D.

Address 68 S. Broadway

Remarks

Extract Regulations of the Board of Health to which this Return is made, relative to correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24602

HEALTH DEPARTMENT MAY 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.) 12 te

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Apr. 27. 1878
4. *Place of Birth (Street and Number)* S. Registerstr No 39.
5. *Full Name of Mother* Susanna Utz
6. *Mother's Maiden Name* Wessel
7. *Mother's Birthplace* Bischmund Bayern
8. *Full Name of Father* Peter Utz
9. *Father's Occupation* Lehmann
10. *Father's Birthplace* Unterbach Bayern

Name of Medical Attendant, or other Person who makes this Return. Wm F. Baumgarth

Address South Wolfstr No 28

Remarks twin Boy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24603

HEALTH DEPARTMENT
MAY 11 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* April 29th 1878
4. *Place of Birth (Street and Number)* 90 Little Church Street
5. *Full Name of Mother* Mary E. Green
6. *Mother's Maiden Name* Mary E Green
7. *Mother's Birthplace* ~~Little Virginia~~ North-Hampton Co Va
8. *Full Name of Father* Clinton Green
9. *Father's Occupation* House carpenter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. R. Wiley M.D.
Address 25 2 Hanover Street
Remarks

Extract Regulations of the Board of Health to Secure a Correct Record of Vital Statistics in the City of Baltimore.

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2146011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 April
4. *Place of Birth (Street and Number)* 243 Bond St
5. *Full Name of Mother* Lina Linnaman
6. *Mother's Maiden Name* Schreck
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adalbelm Linneman
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 20 Granby Street

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21603

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 2
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* April 27th 1878
4. *Place of Birth (Street and Number)* 59 S. Madeira Alley
5. *Full Name of Mother* Alice Weems
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Chas. Weems
9. *Father's Occupation*
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Mary A Plitner

Address 59 S Madeira Alley

Remarks

Extract Regulations of the Board of Health relative to correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health relative to the Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24666

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	27 April 1878
4. *Place of Birth (Street and Number)*	200 Bethel St
5. *Full Name of Mother*	Lizzie Cox
6. *Mother's Maiden Name*	Lizzie Gubricke
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George Cox
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary Jubb
Address	99 Lancaster St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

24607

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* April 27th 1878
4. *Place of Birth* (Street and Number) 5-44 Washington Av
5. *Full Name of Mother* Maggie Whitney Boone
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank William Whitney
9. *Father's Occupation* Labored
10. *Father's Birthplace* Providence Rhode Island

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell

Address N. W. Cor Broadway & Madison Av

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

24608

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or ~~Color~~ (if not of the white race)*
3. *Date of Birth* April 27 1878
4. *Place of Birth (Street and Number)* 102 Central Av
5. *Full Name of Mother* M. Steinberger
6. *Mother's Maiden Name* M. Heinz mann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Franz ~~Wm~~ Steinberger
9. *Father's Occupation* Gabler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Casper

Address 250 E. Lombard St

Remarks 3 W of May on convalescence

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health relative to the Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21609

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* 27 April 1878
4. *Place of Birth (Street and Number)* 16 [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name*
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* ——
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24610

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth child

1. *Sex* (state whether Male or Female)
2. *Race or Color* (if not of the white race) W
3. *Date of Birth* April 17 1878
4. *Place of Birth* (Street and Number) N. 24 Eden st
5. *Full Name of Mother* Laura Foute
6. *Mother's Maiden Name* Laura Long
7. *Mother's Birthplace* Balt
8. *Full Name of Father* William Foute
9. *Father's Occupation* Painter
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. Dr Ritter

Address 24 E Eden

Remarks

Extract Regulations of the Board of Health of Baltimore, in relation to the correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	Colored
Date of Birth	April 27. 1828
Place of Birth (Street and Number)	187 Raburg St
Full Name of Mother	Samaria Nickle
Mother's Maiden Name	" Johnson
Mother's Birthplace	Howard County
Full Name of Father	Jacob Nickle
Father's Occupation	Butcher
Father's Birthplace	Talbot County
Name of Medical Attendant, or other Person who makes this Return.	Emilia Blake
Address	62 Carlton St
Remarks	it is cured as possible

RETURN OF A BIRTH.

24619.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* April 27th 1878.
4. *Place of Birth (Street and Number)* 240 Eastern Avenue,
5. *Full Name of Mother* Mary Elizabeth Frazier.
6. *Mother's Maiden Name* Mary E. Hines,
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Charles Edward Frazier,
9. *Father's Occupation* Machinist,
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell,

Address 207 S. Broadway.

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health [illegible] rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,1613

HEALTH DEPARTMENT APR 29 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health in relation to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Black
3. Date of Birth	April 28th 1878
4. Place of Birth (Street and Number)	No. 6 Pleasant St
5. Full Name of Mother	Mary Strange
6. Mother's Maiden Name	Mary Strange
7. Mother's Birthplace	Harrisburg Pa
8. Full Name of Father	John Strange
9. Father's Occupation	Waiter
10. Father's Birthplace	Harrisburg Pa
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Deal
Address	No 6 Pleasant St
Remarks	Child not very healthy

RETURN OF A BIRTH.

24611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Apr 28th 1878
4. Place of Birth (Street and Number)	39 Parkin St
5. Full Name of Mother	Margaret E Kellaher
6. Mother's Maiden Name	Margaret E Dolan
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Patrick Kellaher
9. Father's Occupation	Carpenter
10. Father's Birthplace	Galloway Co Ireland
Name of Medical Attendant, or other Person who makes this Return.	D O'Sullivan
Address	57 S Sharp St
Remarks	The above report was made in time according to instructions but in some way has been overlooked until the present date 5-25

Extract Regulations of the [illegible] relative to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211613

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

Extract Regulations of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th of April 1878.
4. Place of Birth (Street and Number)	Belair Avenue 2nd. door above Hoffman
5. Full Name of Mother	Emma E. Rhodes maiden name
6. Mother's Maiden Name	Emma E. Rhodes.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	William H. Rhodes
9. Father's Occupation	Supervisor of Harbor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walter
Address	128 N Caroline
Remarks	Baltimore City

RETURN OF A BIRTH.

24616

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 28th 1878
4. Place of Birth (Street and Number)	195 East Baltimore Street
5. Full Name of Mother	Sarah Elizabeth Euloes
6. Mother's Maiden Name	" " Rolle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Euloes
9. Father's Occupation	Paddler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	James T. D. Shaw M.D.
Address	68 S. Broadway
Remarks	

Extract Regulations of the Board of Health.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211617

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	4 6
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 28. 1878
4. Place of Birth (Street and Number)	Gold str 78
5. Full Name of Mother	Christine Suhsmihn
6. Mother's Maiden Name	Wessel
7. Mother's Birthplace	Bremen
8. Full Name of Father	Johann Suhsmihn
9. Father's Occupation	Faerber
10. Father's Birthplace	Enden Holland
Name of Medical Attendant, or other Person who makes this Return.	Ms Johanna Rauprich
Address	South Wolfe str No 28
Remarks	Midwife

Extract Regulations of the Board of Health to secure correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

24618

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* April 28th 1878
4. *Place of Birth (Street and Number)* 89 Eden Str
5. *Full Name of Mother* Bertha Winter
6. *Mother's Maiden Name* Bertha Rhoder
7. *Mother's Birthplace* United States
8. *Full Name of Father* Louis Winter
9. *Father's Occupation* Musician
10. *Father's Birthplace* United States

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Carter

Address 52 E. Lombard Str

Remarks

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24619

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 28 / 78
4. Place of Birth (Street and Number)	296 N Stricker St
5. Full Name of Mother	Josepline Chappell
6. Mother's Maiden Name	Josephine Daily
7. Mother's Birthplace	St Mary's Co Md
8. Full Name of Father	Cornelius F Chappell
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	W. F. Howard, M.D.
Address	141 Madison Ave
Remarks	Right Occipito-posterior position, forceps delivery.

Brief Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21620

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health relating to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth ~~192 Greenmount Av.~~ April 28th 1878

4. Place of Birth (Street and Number) 192 Greenmount Av.

5. Full Name of Mother Mary Elisabeth Gaffney

6. Mother's Maiden Name " " Cosgrove

7. Mother's Birthplace Balto. Md

8. Full Name of Father John Thomas Gaffney

9. Father's Occupation police

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. L. Dauschund

Address 27. N. Broadway.

Remarks

21621

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White American
3. Date of Birth April 28 1878
4. Place of Birth (Street and Number) Baltimore city No 60 Rose st
5. Full Name of Mother Mary Elizabeth Kelley
6. Mother's Maiden Name Mary Elizabeth Leonard
7. Mother's Birthplace Baltimore City Md
8. Full Name of Father James Kelley
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore city Md

Name of Medical Attendant, or other Person who makes this return Louis [redacted] Wiley

Address No 12 Patton Carbs ave

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21622

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child, of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* April 25 d. 1878
4. *Place of Birth* (Street and Number) 9 g Mc allre str.
5. *Full Name of Mother* Marie Flager
6. *Mother's Maiden Name* Marie Kisling
7. *Mother's Birthplace* German
8. *Full Name of Father* Niklaus Hager
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Marie K. Kudiger

Address 134 S. Bonds str.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Penalty for neglect.

Every Registrar of Vital Statistics in the City of Baltimore.

Every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211623

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth April 28th. '78
4. Place of Birth (Street and Number) No. 212 E Pratt st
5. Full Name of Mother Sallie Kohn
6. Mother's Maiden Name " " Gray
7. Mother's Birthplace Baltimore
8. Full Name of Father Milton Kohn
9. Father's Occupation Police Officer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Gochke
Address No. 56 S Bond st
Remarks

Extract Regulations of the Board of Health relating to the Registration of Births.

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211624

HEALTH DEPARTMENT MAY 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 28 1878
4. *Place of Birth (Street and Number)* 71 Burgundy alley
5. *Full Name of Mother* Eliza Sandman
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* William Sandman
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this return Deborah Barnes

Address 71 Burgundy alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health of the City of Baltimore.

Street Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

214625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth April 28th 1878

4. Place of Birth (Street and Number) No 14 East end st.

5. Full Name of Mother Henrietta Brouwenton

6. Mother's Maiden Name Unrigtold

7. Mother's Birthplace America

8. Full Name of Father Robert Brouwenton

9. Father's Occupation Salesman

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. J. Schwagger midwife

Address 213 Aisquith st.

Remarks

Penalty Imposition on Physicians, Midwives, or other Persons who neglect or refuse to make correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24626

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) Black
3. Date of Birth April 29 1878
4. Place of Birth (Street and Number) No 1 Hanstead St
5. Full Name of Mother Serena Ann Jones
6. Mother's Maiden Name Serena Ann Robinson
7. Mother's Birthplace No moss co Md
8. Full Name of Father John Henry Wesley Jones
9. Father's Occupation Selling coal
10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this return Elizabeth Ford

Address No 4 Young court

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vital Statistics Report to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21627

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April 27.
4. *Place of Birth (Street and Number)* no 15 Black Alley
5. *Full Name of Mother* Mary Ellen Rose
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Eastern Shore.
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Willie Green

Address no 150 York Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24628

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	April 29th 1875
4. Place of Birth (Street and Number)	25 Pratt St
5. Full Name of Mother	Mary E. Lammers
6. Mother's Maiden Name	Mary E. Hoffman
7. Mother's Birthplace	United States
8. Full Name of Father	Frederick William Lammers
9. Father's Occupation	Grocer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Dr. A. Carter
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

21629

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 29
4. *Place of Birth (Street and Number)*	104 Johnson st Baltimore
5. *Full Name of Mother*	Annie ~~Whitecomb~~ Thomas
6. *Mother's Maiden Name*	Whitcomb
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	A E Thomas
9. *Father's Occupation*	Breakesman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2.4630

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 29. 1878
4. *Place of Birth (Street and Number)* 124 Fort ave
5. *Full Name of Mother* Cornelia [illegible] Foster
6. *Mother's Maiden Name* Cornelia Allen
7. *Mother's Birthplace* Virginia City unknown
8. *Full Name of Father* William Allen
9. *Father's Occupation* a Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

Extract from Ordinances of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract from Regulations of the Board of Health.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24631

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 29
4. Place of Birth (Street and Number)	66 Hamburg st Baltimore
5. Full Name of Mother	Anne J Nash
6. Mother's Maiden Name	Annie J Davis
7. Mother's Birthplace	Baltimore
8. Full Nome of Father	George Wichmn
9. Fother's Occupation	Cooper
10. Fother's Birthplace	Baltimore
Nome of Medical Attendant, or other Person who makes this Return.	Mrs Nash
Address	107 Johnson st
Remarks	

21632

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or ~~Female~~)* [illegible]
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 29 1878
4. *Place of Birth (Street and Number)* 901 S. Paca St
5. *Full Name of Mother* Tillie Hamm
6. *Mother's Maiden Name* " Smith
7. *Mother's Birthplace* Harpers Ferry Virginia
8. *Full Name of Father* John Hamm
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Frederick Md

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Spicer

Address 375 W. Fayette St

Remarks

RETURN OF A BIRTH.

21633

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 2 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 29th 1878
4. *Place of Birth (Street and Number)* 24 Penn St
5. *Full Name of Mother* Mary Hard
6. *Mother's Maiden Name* Phebe Hutchinson
7. *Mother's Birthplace* Missouri
8. *Full Name of Father* [redacted] Hard
9. *Father's Occupation* Policeman
10. *Father's Birthplace* Kentucky

Name of Medical Attendant, or other Person who makes this Return. Theodore Cotterman

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24631

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
3
1878
BALTIMORE.

Extract from Ordinances of the Mayor and City Council of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 April
4. Place of Birth (Street and Number)	18 Liberty Alley
5. Full Name of Mother	Elisabeth Miller
6. Mother's Maiden Name	Ohm
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Miller
9. Father's Occupation	Laborer
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Ursula Dunnigan
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21633

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	April 24th 1878
4. *Place of Birth (Street and Number)*	No 33 Hollon Road
5. *Full Name of Mother*	Christiana Eckert
6. *Mother's Maiden Name*	Christiana Eckert Sipe
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John C Eckert
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	C. Schmidt
Address	No 422 East Lanvale
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24636

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 27 april
4. Place of Birth (Street and Number) 142 Clay St
5. Full Name of Mother Effie Linda Smallwood
6. Mother's Maiden Name
7. Mother's Birthplace Easton Talbot County Md
8. Full Name of Father Moses Cole
9. Father's Occupation Oyster Shucker
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Ellen Stubbs

Address

Remarks

RETURN OF A BIRTH.

21637

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 29th of April

4. *Place of Birth (Street and Number)* Baltimore & Pennsylvania R.R.

5. *Full Name of Mother* Miss Martha Rose

6. *Mother's Maiden Name* Martha Lambdin

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Ferdinand C. Rose

9. *Father's Occupation* House Calender

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Louisa Wiley

Address No. 2. Patton. Parkersnew

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24638

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 29th 1878.
4. *Place of Birth (Street and Number)* Belair ave.
5. *Full Name of Mother* Annie Roemer
6. *Mother's Maiden Name* Annie Hiebner.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Conrad Roemer.
9. *Father's Occupation* Baker
10. *Father's Birthplace* Gamany.

Name of Medical Attendant, or other Person who makes this Return. Henry Hillegeist.

Address 182 Monument St.

Remarks

rect Record of Vital Statistics in the City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24639

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1978 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race)

3. Date of Birth April 29.

4. Place of Birth (Street and Number) 148 Camden

5. Full Name of Mother Ami L. Reservay

6. Mother's Maiden Name Ille

7. Mother's Birthplace Baltimore

8. Full Name of Father Georg Paul

9. Father's Occupation Plumber

10. Father's Birthplace Washington

Name of Medical Attendant, or other Person who makes this Return John D Fiher

Address 81 Nord Euther.

Remarks Regular.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211640

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 2nd 1878
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible] Rose Williams
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24641

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* May 4, 1878
4. *Place of Birth (Street and Number)* 19 Chestnut Alley
5. *Full Name of Mother* Jennie Wright
6. *Mother's Maiden Name* Jennie Bland
7. *Mother's Birthplace* Howard County
8. *Full Name of Father* William Wright
9. *Father's Occupation* Waiter
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from an Ordinance to establish a Bureau of Vital Statistics in the City of Baltimore.

Section Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21642

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth ch

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Col
3. *Date of Birth* April 2d 1878
4. *Place of Birth (Street and Number)* No 122 Lombard st
5. *Full Name of Mother* Mary Watts
6. *Mother's Maiden Name* Mary Lefevre
7. *Mother's Birthplace* Balt Md
8. *Full Name of Father* Thomas Watts
9. *Father's Occupation* Cook
10. *Father's Birthplace* Balt Md

Name of Medical Attendant, or other Person who makes this Return. C H Feaman M D

Address 28 E Fayette

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211613

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether ~~Male or~~ Female) ~~Male~~ Female.

2. Race or Color (if not of the white race) White.

3. Date of Birth April 29th, 1878.

4. Place of Birth (Street and Number) St Charles Hotel Locust Point.

5. Full Name of Mother Caroline Tomlinson.

6. Mother's Maiden Name Caroline Seal.

7. Mother's Birthplace Winchester, Va.

8. Full Name of Father George Wesley Tomlinson.

9. Father's Occupation Engineer.

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. D. M. Sullivan, M.D.

Address 116 Thames St.

Remarks

...vent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21-61-H

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

~~Baby Miller~~

HEALTH DEPARTMENT MAY 6 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore Male

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) white
3. Date of Birth 29 April 1878.
4. Place of Birth (Street and Number) Harrison Street No. 52 Bakery
5. Full Name of Mother Mrs. Josephine Birkmaier.
6. Mother's Maiden Name Mrs. Josephine Karhoff.
7. Mother's Birthplace Baltimore
8. Full Name of Father Mr. Julius Birkmaier.
9. Father's Occupation Bakery
10. Father's Birthplace Würtenberg Wurtemberg.

Name of Medical Attendant, or other Person who makes this return Leonhard Reis

Address No. 26 N. Lund[illegible] St

Remarks Lucien M.D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

vert Record of Vital Statistics

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

24645

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ihre 2
1. Sex (state whether Male or Female)	Female Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Ihre 30 of April
4. Place of Birth (Street and Number)	No 2 Hügel Generes St
5. Full Name of Mother	Kate Yonath
6. Mother's Maiden Name	Kate Mackgner
7. Mother's Birthplace	Eireland
8. Full Name of Father	Jabe Peter Mackgner
9. Father's Occupation	Jaber
10. Father's Birthplace	Eireland
Name of Medical Attendant, or other Person who makes this Return	
Address	Abes Sauer Baltimore 1877
Remarks	177 Aberdeen St.

rect Record of Their Names in the Family.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211646

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 30 1878
4. *Place of Birth (Street and Number)* 13 Millers Court
5. *Full Name of Mother* Lizzie Barnes
6. *Mother's Maiden Name* Engelhardt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wesley Barnes
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Maria R. Rudiger

Address 154 S. Woodstock

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

21617

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	30th April
4. *Place of Birth (Street and Number)*	No 6 South Gist St
5. *Full Name of Mother*	Elizabeth Jane Morgan
6. *Mother's Maiden Name*	Elizabeth Jane Kelly
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George William Morgan
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Louis Wiley
Address	Patson. Patterson Ave No 2
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.11.6118

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* april 30 1878
4. *Place of Birth (Street and Number)* Jefferson st near bank no number
5. *Full Name of Mother* kate brown
6. *Mother's Maiden Name* kate Sloan
7. *Mother's Birthplace* ireland
8. *Full Name of Father* John J brown
9. *Father's Occupation* wrecker
10. *Father's Birthplace* Penn

Name of Medical Attendant, or other Person who makes this return mary conner 15 s

Address ellington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21619

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. *Sex* (state whether Male or ~~Female~~)
2. *Race or Color* (~~if not of the white race~~)
3. *Date of Birth* April 3rd 1878
4. *Place of Birth* (Street and Number) 39 East Pratt St
5. *Full Name of Mother* Elizabeth L. Linzey
6. *Mother's Maiden Name* " " Mick
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Isaac N. Linzey
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Harford Co Md.

Name of Medical Attendant, or other Person who makes this Return. A. Engelbert M.D.

Address 11 S. High St

Remarks

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rect Record of Births.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24651

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2 de
1. Sex (state whether Male or Female)	F.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	April 30th 1878
4. Place of Birth (Street and Number)	20 E Lemmont St
5. Full Name of Mother	Anna
6. Mother's Maiden Name	M Mallon
7. Mother's Birthplace	Ealy
8. Full Name of Father	John Delaney
9. Father's Occupation	Engineer
10. Father's Birthplace	Ealy
Name of Medical Attendant, or other Person who makes this Return.	F. J. Donaldson
Address	156 Aisquith St
Remarks	

RETURN OF A BIRTH.

21631

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c)	5 6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Apr. 30. 1878
4. Place of Birth (Street and Number)	South Wolfestr No 94
5. Full Name of Mother	Elisabeth Hollstein
6. Mother's Maiden Name	Muller
7. Mother's Birthplace	Rabenstein Kur Hessen
8. Full Name of Father	Bernhardt Hollstein
9. Father's Occupation	Werftworker
10. Father's Birthplace	Hannover
Name of Medical Attendant, or other Person who makes this Return.	Ms. Johanna Rauprich
Address	South Wolfstr No 28
Remarks	Midwife

24652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT APR 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-
1. *Sex (state whether Male or Female)* a boy.
2. *Race or Color (if not of the white race)* Collard
3. *Date of Birth* 30th of April 1878. 9 A.M.
4. *Place of Birth (Street and Number)* Baltimore Carlton st 613
5. *Full Name of Mother* Harriet Stuard
6. *Mother's Maiden Name* Harrit Halland
7. *Mother's Birthplace* prince georges Co
8. *Full Name of Father* George W Stuard
9. *Father's Occupation* Labore
10. *Father's Birthplace* Chambersburg Pa

Name of Medical Attendant, or other Person who makes this Return. Mrs Earl
Address Doing well.
Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21633
21635

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Twins One male the other [illegible]
2. Race or Color (if not of the white race)	white
3. Date of Birth	April 30 1878
4. Place of Birth (Street and Number)	467 N Calhoun st.
5. Full Name of Mother	Ella Nicholson
6. Mother's Maiden Name	Ella Standing
7. Mother's Birthplace	Belle City
8. Full Name of Father	Joseph P. Nicholson
9. Father's Occupation	Confectioner
10. Father's Birthplace	Delaware
Name of Medical Attendant, or other Person who makes this Return.	J Shelton Hill M.D.
Address	432 W Fayette St.
Remarks	

rect Record of Vital Statistics in the City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21655

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 20th 1878
4. Place of Birth (Street and Number)	No 205 S. Durham Street
5. Full Name of Mother	Lizzie Williman
6. Mother's Maiden Name	Lizzie Stultz
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Williman
9. Father's Occupation	Laborman
10. Father's Birthplace	Wurdenburg
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bate
Address	No 185 S. E. Cor of Monument St & Centre Ave
Remarks	Well

RETURN OF A BIRTH.

24636

HEALTH DEPARTMENT
MAY
10
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child.

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth 31st of April 1878

4. Place of Birth (Street and Number) 136

5. Full Name of Mother Anne Garhardt

6. Mother's Maiden Name " Hudegen.

7. Mother's Birthplace Kulnbach Baiarn.

8. Full Name of Father Hille Garhardt

9. Father's Occupation Tailor.

10. Father's Birthplace Lang Hessen Harmstate

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner.

Address No 43 Monroe St

Remarks

rect Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24657

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex (state whether Male or Female) Male Sex

2. Race or Color (if not of the white race)

3. Date of Birth April 30. 1873

4. Place of Birth (Street and Number) 161 S. Broadway

5. Full Name of Mother Elise Zwiegel

6. Mother's Maiden Name Elise Bischoff

7. Mother's Birthplace Allendorf a/d. Lumda Kreis Kassel Darmstadt

8. Full Name of Father Louis Zwiegel Germany

9. Father's Occupation Teacher

10. Father's Birthplace Germany the same place above.

Name of Medical Attendant, or other Person who makes this Return. Catharina Wunsch

Address Leatherhall 14

Remarks

Read Records by Public Authority

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211658

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE.

reet Record of Vital Statistics in the City

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	April 30th 1878
4. Place of Birth (Street and Number)	34 Chesapeake St
5. Full Name of Mother	Anna Lane
6. Mother's Maiden Name	Jones
7. Mother's Birthplace	Ireland
8. Full Name of Father	William Lane
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	E. Tracy Will
Address	17 Patapsco St. Balto Md.
Remarks	

RETURN OF A BIRTH.

24659

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 April
4. Place of Birth (Street and Number)	421 Cross St.
5. Full Name of Mother	Maggie Wieck
6. Mother's Maiden Name	Meier
7. Mother's Birthplace	Saxe Coburg — Germany.
8. Full Name of Father	George Wieck
9. Father's Occupation	Cooper
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 Jo[illegible] Eutaw St.
Remarks	

Fee: Record of Vital Statistics.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21660

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c~~)

1. *Sex (state whether ~~Male or~~ Female)*
2. *~~Race or Color~~ (~~if not~~ of the white race)*
3. *Date of Birth* May 1st 1878
4. *Place of Birth (Street and Number)* S.E. Cor Stricker & Mulberry Sts
5. *Full Name of Mother* Fannie L. Coombs
6. *Mother's Maiden Name* Fannie L Hudson
7. *Mother's Birthplace* Frederick City Maryland
8. *Full Name of Father* Wm Otterbein Coombs
9. *Father's Occupation* Physician
10. *Father's Birthplace* Huntingdon Co. Penna,

Name of Medical Attendant, or other Person who makes this Return. Dr. W.C. Coombs.

Address S.E. Cor Stricker & Mulberry

Remarks

RETURN OF A BIRTH.

24669

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3. Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	1. of May 1878.
4. Place of Birth (Street and Number)	4. 23 Cross St.
5. Full Name of Mother	Margret Bay
6. Mother's Maiden Name	Margret Krasser
7. Mother's Birthplace	Germany
8. Full Name of Father	Mike Bay
9. Father's Occupation	Laber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Jazarenus
Address	Russell St No. 90
Remarks	

Fees Returned by Parent or Informant.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

246621

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 1st 1878
4. Place of Birth (Street and Number)	88 Hall Str
5. Full Name of Mother	Peogini Desnartini
6. Mother's Maiden Name	Peogini Konpolcony
7. Mother's Birthplace	Italy
8. Full Name of Father	Izduichi Desnartino
9. Father's Occupation	Peasant
10. Father's Birthplace	Italy
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Fondaree Str
Remarks	

RETURN OF A BIRTH.

2,1663

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 1st 1878
4. *Place of Birth (Street and Number)* No 49 Eastern Ave
5. *Full Name of Mother* Matilda Fields
6. *Mother's Maiden Name* " Shanks
7. *Mother's Birthplace* City
8. *Full Name of Father* George Fields
9. *Father's Occupation* Cooper
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushmann

Address 120 Bank st

Remarks

2461 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 1st 1878
4. Place of Birth (Street and Number)	No 210 Alice Ann Str
5. Full Name of Mother	Anna Cole
6. Mother's Maiden Name	" Kennedy
7. Mother's Birthplace	City
8. Full Name of Father	Thomas Cole
9. Father's Occupation	Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Brushhammer
Address	120 Bank Str
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24165

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2a

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 1st 1878
4. *Place of Birth (Street and Number)* No 7 Bradford Alley
5. *Full Name of Mother* Lizzie Wolf
6. *Mother's Maiden Name* " Shaefferk
7. *Mother's Birthplace* City
8. *Full Name of Father* John Wolf
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushmann

Address 120 Bank Sts

Remarks

RETURN OF A BIRTH.

2n664

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2d
1. Sex (*state whether Male or Female*) Male
2. Race or Color (*if not of the white race*)
3. Date of Birth May 1st 1878
4. Place of Birth (*Street and Number*) 216 S Broadway
5. Full Name of Mother Eliza Maria Breitschwert
6. Mother's Maiden Name " " Lorenz
7. Mother's Birthplace City
8. Full Name of Father John Breitschwert.
9. Father's Occupation Blacksmith
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchmann
Address 120 Bank st.
Remarks

21667

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 1st 1878 at 7 O'clk. A. M.
4. Place of Birth (Street and Number) No 17 Sterrett ~~Street~~ Street
5. Full Name of Mother Elizabeth Meyer
6. Mother's Maiden Name Elizabeth Hahn
7. Mother's Birthplace Genzenhof Kur-Hessen, Germany
8. Full Name of Father John Jacob Meyer
9. Father's Occupation Laborer at Peoples Gas Works
10. Father's Birthplace Albershausen, Wurtemberg, Germany

Name of Medical Attendant, or other Person who makes this Return.

Address No 429 West Pratt Street Baltimore, Md.

Remarks it is a full grown healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21665

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1st

1. *Sex (~~state whether Male or Female~~)* Male
2. *Race or Color (~~if not of the~~ white race)* White
3. *Date of Birth* May 1st 1878.
4. *Place of Birth (Street and Number)* 1 W. Baltimore St
5. *Full Name of Mother* Mary Ella
6. *Mother's Maiden Name* Mary Ella Lolly
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* George Lolly
9. *Father's Occupation* Bookseller
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return John L. K. Bozard M.D.

Address " " "

Remarks

RETURN OF A BIRTH.

24669

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 3 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	259 Forrest St
4. Place of Birth (Street and Number)	May 1
5. Full Name of Mother	Mary Mc Manus
6. Mother's Maiden Name	O'Haefe
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Mc Manus
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Grimm
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or survive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21670
21671

HEALTH DEPARTMENT
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* one Male and female
2. *Race or Color (if not of the white race)* Collard
3. *Date of Birth* Born first of May 1878
4. *Place of Birth (Street and Number)* Josephine Court No 55
5. *Full Name of Mother* Mrs Lizzie Mann
6. *Mother's Maiden Name* do do do
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Joseph Thomas
9. *Father's Occupation* Porter in Drug Store
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Wm Francis Caulk

Address No 10 Rebb alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend a case, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21672

JUN 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st of May
4. *Place of Birth (Street and Number)* 106 Townsend St
5. *Full Name of Mother* Alice V. Reese
6. *Mother's Maiden Name* Alice V Gibbs
7. *Mother's Birthplace* Lewisburgh, Va
8. *Full Name of Father* John E. Reese Jr
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Schonin M.D.

Address 92 N. Eutaw St

Remarks

RETURN OF A BIRTH.

21673

HEALTH DEPARTMENT 1893 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Wthe
3. Date of Birth 1 Mai 1893.
4. Place of Birth (Street and Number) Born at No 3.
5. Full Name of Mother Carlein Gelm
6. Mother's Maiden Name Carlein Geis
7. Mother's Birthplace Baltimore Md=
8. Full Name of Father Georg Gelm
9. Father's Occupation Watchmaker
10. Father's Birthplace Balt Md=

Name of Medical Attendant, or other Person who makes this return Dorothea Bruns

Address. Battery Av. 1161.

Remarks

Print any physician, accoucheur, midwife, or other person in charge, who shall attend [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21694

HEALTH DEPARTMENT MAY 4 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8:

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 1 Mai 1878.
4. *Place of Birth (Street and Number)* Little Churchstreet n 3.
5. *Full Name of Mother* Marie Meier.
6. *Mother's Maiden Name* Marie Winter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Clemens Meier
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this return Dorothea Brune

Address Battery Av. 114.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2 11673

HEALTH DEPARTMENT JUL 9 1913 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* ~~Female~~ male Colored
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2 1875
4. *Place of Birth (Street and Number)* No 5 Jones Street
5. *Full Name of Mother*
6. *Mother's Maiden Name* Martha A Hurst
7. *Mother's Birthplace* Talbot County
8. *Full Name of Father* John H Hurst
9. *Father's Occupation* Gentleman
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return

Address 38 Jones Street

Remarks Charlotte Talbot

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24676

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 2cd. 1878.
4. Place of Birth (Street and Number)	No 130 Biddle Street
5. Full Name of Mother	Mary Wuidden
6. Mother's Maiden Name	Mary Rusle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ernest Wuidden
9. Father's Occupation	Watchman on Railroad
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bate
Address	~~Mars~~ No 185 S. E. cor. of Monument St & Bentalou
Remarks	All Well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

D4-677

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	brown skin
3. Date of Birth	2nd of may
4. Place of Birth (Street and Number)	15 parish alley
5. Full Name of Mother	Roseiner Keelman
6. Mother's Maiden Name	Roseiner Keelman
7. Mother's Birthplace	accomac county va
8. Full Name of Father	Charles Bacon
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lydia Somerville
Address	13 Clinton avenue
Remarks	

RETURN OF A BIRTH.

24678

HEALTH DEPARTMENT
MAY
10
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend a case of birth, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* White
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2nd 1878
4. *Place of Birth (Street and Number)* N 32 S. Schroeder
5. *Full Name of Mother* Adelaide L. Zimmerman
6. *Mother's Maiden Name* " " Thomas
7. *Mother's Birthplace* Balto Co Md
8. *Full Name of Father* John L. Zimmerman
9. *Father's Occupation* Conductor B.T.O.R.R.
10. *Father's Birthplace* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Nelson M.D.

Address 374 W Lombard St

Remarks

RETURN OF A BIRTH.

24679

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 2nd 1875
4. Place of Birth (Street and Number)	124 Lombard Str.
5. Full Name of Mother	Rosa Lanofsky
6. Mother's Maiden Name	Rosa Schminsky
7. Mother's Birthplace	Poland
8. Full Name of Father	Stanislaus Lanofsky
9. Father's Occupation	Tailor
10. Father's Birthplace	Poland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Lasker
Address	52 E Lombard Str.
Remarks	

RETURN OF A BIRTH.

21680

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 2nd 1878
4. Place of Birth (Street and Number)	68 Eastern Ave
5. Full Name of Mother	Virginia Price
6. Mother's Maiden Name	Virginia Madison
7. Mother's Birthplace	United States
8. Full Name of Father	William Henry Price
9. Father's Occupation	Carpenter
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Lasher
Address	526 Lombard St.
Remarks	

RETURN OF A BIRTH.

21681

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2d 1878
4. *Place of Birth (Street and Number)* No 60 Banks str
5. *Full Name of Mother* Magdelena Wagner
6. *Mother's Maiden Name* " Stander
7. *Mother's Birthplace* City
8. *Full Name of Father* Johan Wagner
9. *Father's Occupation* Black smith
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Banks str

Remarks

24682

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9te

1. *Sex (state whether Male or Female)* M.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 2. 1878
4. *Place of Birth (Street and Number)* 17 Hoen St.
5. *Full Name of Mother* Mary Löhr.
6. *Mother's Maiden Name* Mary Hiring.
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* August Löhr.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. L. C. Gordon, M.D.

Address 311 N. Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24683

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 2 1878
4. *Place of Birth (Street and Number)* 14 Cuba Street
5. *Full Name of Mother* Claudia Bittner
6. *Mother's Maiden Name* Claudia Stumpf
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Richard Bittner
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Margret Ethel

Address

Remarks

RETURN OF A BIRTH.

24684

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colr.
3. *Date of Birth* Thursday May 2nd 1878
4. *Place of Birth (Street and Number)* Perry St.
5. *Full Name of Mother* Eliza Johnson
6. *Mother's Maiden Name* " Smith
7. *Mother's Birthplace* West River
8. *Full Name of Father* Marcellus Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md "

Name of Medical Attendant, or other Person who makes this Return. Rachel Downie

Address No. 43 Perry Street

Remarks

24685

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, [illegible] shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 2. 1878.
4. *Place of Birth (Street and Number)* S. Castle St. No 48.
5. *Full Name of Mother* Louise LaPorte.
6. *Mother's Maiden Name* Louise Heinzman
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William H. LaPorte
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Mullen

Address N. Dallas St. No 26.

Remarks

RETURN OF A BIRTH.

21686

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, [illegible] shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 2. 1878
4. *Place of Birth (Street and Number)* Lawn. St. No. 56.
5. *Full Name of Mother* Ming Murray
6. *Mother's Maiden Name* Ming Nash.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Michel. Murray
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kings County N. Yr. Britannia. Europa

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St No 26

Remarks

RETURN OF A BIRTH.

21687

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 2
4. *Place of Birth (Street and Number)* 24 Wayne st
5. *Full Name of Mother* Elizebeth Jones
6. *Mother's Maiden Name* Elizebeth Howard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Charles County

Name of Medical Attendant, or other Person who makes this return Millie Frost

Address 181 York st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend upon any case of birth, shall within six days thereafter, advise at the office of the Registrar of Vital Statistics, Board of Health, in the City of Baltimore, of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21688

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 2
4. Place of Birth (Street and Number)	375 W. Franklin St.
5. Full Name of Mother	Kate Clark
6. Mother's Maiden Name	Kate Kitzendiner
7. Mother's Birthplace	Balto
8. Full Name of Father	Wm Clark
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return	H. M. Wilson
Address	287 Mad. Ave
Remarks	

RETURN OF A BIRTH.

21689

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth May 2nd 1878

4. Place of Birth (Street and Number) No 30 New Church st

5. Full Name of Mother A. H. Tobyanes

6. Mother's Maiden Name A. H. Hubner

7. Mother's Birthplace Warsaw, Poland.

8. Full Name of Father E. U. Tobyanes

9. Father's Occupation Silver Smith

10. Father's Birthplace Blois, France

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winneberger

Address No 23 N. Liberty st.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24690

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 2d May 1878
4. *Place of Birth (Street and Number)* W. Baltimore
5. *Full Nome of Mother* Mrs. [illegible]
6. *Mother's Moiden Name* Mrs. L. Murbach
7. *Mother's Birthploce* Switzerland Germany
8. *Full Nome of Father* Jno. Lipps
9. *Father's Occupation* Soap Manufacturer
10. *Father's Birthplace* Ireland Hungary

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hiller

Address 57 Smallwood St. Balto.

Remarks

RETURN OF A BIRTH.

24691

HEALTH DEPARTMENT 1898 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical conditions, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 2. 1898
4. Place of Birth (Street and Number)	463 E. Eager St.
5. Full Name of Mother	Ida Taylor
6. Mother's Maiden Name	Green
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Taylor
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Albert B. Lyman M.D. L.L.
Address	375 E. Baltimore St.
Remarks	Birth premature. Viability of child doubtful

RETURN OF A BIRTH.

24692

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2d of May 1878.
4. Place of Birth (Street and Number)	183 Hanover St.
5. Full Name of Mother	Mary Elizabeth Phelps
6. Mother's Maiden Name	Mary Elizabeth Cole
7. Mother's Birthplace	Anne Arundle County
8. Full Name of Father	Richard Benson Phelps
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Anne Arundel County Md.
Name of Medical Attendant, or other Person who makes this Return.	Saml A. Henry M.D.
Address	198. Druid Hill Ave
Remarks	

RETURN OF A BIRTH.

24693

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether ~~1st, 2d,~~ 3d, &c.*) .....

1. *Sex* (*state whether ~~Male or~~ Female*) .....
2. *Race or Color* (*~~if not of the~~ white race*) .....
3. *Date of Birth* May 3rd 1878
4. *Place of Birth* (*Street and Number*) Balto
5. *Full Name of Mother* Clara Johnston
6. *Mother's Maiden Name* Clara Kirkman
7. *Mother's Birthplace* London England
8. *Full Name of Father* Thomas Johnston
9. *Father's Occupation* Engraver
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this return Dr Redgway Thomas M.D.

Address No 121 E Balto st

Remarks .....

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24-6911

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
10
1878
BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, [illegible] shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth 3rd of May 1878.
4. Place of Birth (Street and Number) No 7 Lemmon st.
5. Full Name of Mother Mage Barschmidt.
6. Mother's Maiden Name Mearstain.
7. Mother's Birthplace Baiarn
8. Full Name of Father Geo. Barschmidt
9. Father's Occupation Labor.
10. Father's Birthplace Baiarn.
Name of Medical Attendant, or other Person who makes this Return. Anne Lindner.
Address 1045 Monroe St.
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend upon any case of birth, shall advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24695

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 31 1878
4. *Place of Birth (Street and Number)* 30 Bartlett
5. *Full Name of Mother* Hannah Gamblin
6. *Mother's Maiden Name* nee Burgess
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Robert Gamblin
9. *Father's Occupation* Barber
10. *Father's Birthplace* Ala

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address 43 N. Calvert

Remarks

24696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, [illegible] shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3 May
4. *Place of Birth (Street and Number)* 68 Central Ave
5. *Full Name of Mother* Katheran Dorhauser
6. *Mother's Maiden Name* Bart
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Dorhauser
9. *Father's Occupation* Work
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address no 76 Granby Street

Remarks

RETURN OF A BIRTH.

24697

HEALTH DEPARTMENT
MAY
6
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge of any case of birth, is hereby required to report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 3
4. Place of Birth (Street and Number)	437 N Gilmor
5. Full Name of Mother	Hattie Hoffman
6. Mother's Maiden Name	Hattie Day
7. Mother's Birthplace	Balto
8. Full Name of Father	Edw Hoffman
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	H M Wilson
Address	257 Mad Ave
Remarks	

RETURN OF A BIRTH.

21695

HEALTH DEPARTMENT MAY 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex (state whether Male or Female)*	A Boy
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sunday 19 May 1878
4. *Place of Birth (Street and Number)*	317 Call Street
5. *Full Name of Mother*	Julie Thiel
6. *Mother's Maiden Name*	Julie Stitzel
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Albin Stitzel
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Cerentia Kunkel
Address 71 North Chappel	p/John Kunkel
Remarks Healthy	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21699

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	first
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 3d 1878
4. *Place of Birth (Street and Number)*	120 East Biddle St.
5. *Full Name of Mother*	Amalia Harkenrider
6. *Mother's Maiden Name*	Bisky
7. *Mother's Birthplace*	Baltimore City Md.
8. *Full Name of Father*	Louis Harkenrider
9. *Father's Occupation*	Bookkeeper
10. *Father's Birthplace*	Bremen Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Miss Dunker 60 Lexington St
Remarks	

24700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person [illegible] shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	May 31 1878
4. *Place of Birth (Street and Number)*	Jefferson St. 49
5. *Full Name of Mother*	Elisabeth Batzer
6. *Mother's Maiden Name*	" Kentz
7. *Mother's Birthplace*	Balto Md
8. *Full Name of Father*	Georg Batzer
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return	Mrs R. Alley
Address	148 Holland St
Remarks	

RETURN OF A BIRTH.

21701

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 4 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person attending upon any case of birth, is required to report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 7
1. *Sex (state whether Male or Female)* Fedbale
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 3 of Mai
4. *Place of Birth (Street and Number)* No 3 Wholf St
5. *Full Name of Mother* Mare Henhore
6. *Mother's Maiden Name* Mare Hoff
7. *Mother's Birthplace* Germony
8. *Full Name of Father* Loahn Hoff
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germony

Name of Medical Attendant, or other Person who makes this Return. Mr Lauer

Address Baltemor 1878

Remarks 177 Harfield the 2 of

That any physician, accoucheur, midwife, or other person in ... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21702

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) Col
3. Date of Birth May 4th 1878
4. Place of Birth (Street and Number) No 11 Bath st
5. Full Name of Mother Mary Devine
6. Mother's Maiden Name Mary Callan
7. Mother's Birthplace Ireland
8. Full Name of Father Lawrence Devine
9. Father's Occupation Stevedore
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. H. Sutton M.D.

Address 23 Bond st

Remarks

21703

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the fourth 1878
4. Place of Birth (Street and Number)	Chester bet Pitt & No. 134
5. Full Name of Mother	Bobrey E Witherstine
6. Mother's Maiden Name	Bobrey E Bankard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Witherstine
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ann E Ball
Address	No 171 Chester St
Remarks	

RETURN OF A BIRTH.

2117011

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge who shall attend upon, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24-705

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person attending [illegible] delivered at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 4th of May
4. *Place of Birth (Street and Number)* 82 Obe St
5. *Full Name of Mother* Sarah Coulter
6. *Mother's Maiden Name* McDonnell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Coulter
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St

Remarks

RETURN OF A BIRTH.

24706

HEALTH DEPARTMENT
MAY
11
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in attendance, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 4th 1878
4. Place of Birth (Street and Number)	No 120 Hamburg st
5. Full Name of Mother	Martha Fisher
6. Mother's Maiden Name	Schuh
7. Mother's Birthplace	America
8. Full Name of Father	Henry Fisher
9. Father's Occupation	Box maker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohrfeder midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

21707

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Saturday May 4th 1878.
4. Place of Birth (Street and Number)	126 Constitution St.
5. Full Name of Mother	Lucinda Wall.
6. Mother's Maiden Name	Lucinda Duffy.
7. Mother's Birthplace	Balto Co, Md
8. Full Name of Father	John H Wall
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Balto. Md
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	25 S Government Street
Remarks	("Arm Presentation")

RETURN OF A BIRTH.

21708

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 May
4. *Place of Birth (Street and Number)* 55 Greenmount Ave
5. *Full Name of Mother* Katheron Grelle
6. *Mother's Maiden Name* Heat
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charley Grelle
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Greenley St

Remarks

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24709

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 Mai
4. *Place of Birth (Street and Number)* 18 Barney St
5. *Full Name of Mother* Barbara Vasek
6. *Mother's Maiden Name* " Wyskeal
7. *Mother's Birthplace* Nadejkov Bohemia
8. *Full Name of Father* Tom Vasek
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Volsan Bohemia

Name of Medical Attendant, or other Person who makes this Return. J Conrad

Address 120 Barney St

Remarks

That any physician, accoucheur, midwife, or other person in charge, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24-710

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th May
4. Place of Birth (Street and Number)	32 Sterrett St.
5. Full Name of Mother	Johanna Rau
6. Mother's Maiden Name	Gronewald
7. Mother's Birthplace	Wollgstein Europe
8. Full Name of Father	August Rau
9. Father's Occupation	Boss
10. Father's Birthplace	Labour
Name of Medical Attendant, or other Person who makes this Return.	Mary Kork
Address	328 South Exeter St.
Remarks	

RETURN OF A BIRTH.

2477 11

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 2nd 1878
4. Place of Birth (Street and Number)	Locust Point Andrew St No 4
5. Full Name of Mother	Maria Elenora George
6. Mother's Maiden Name	Maria Elenora Thompson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Carter George
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Margret Ettel
Address	
Remarks	

RETURN OF A BIRTH.

24712

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall fail to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 4th 1878
4. Place of Birth (Street and Number)	No. 61 Washington St.
5. Full Name of Mother	Sarah Harris
6. Mother's Maiden Name	Sarah Lentz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Harris
9. Father's Occupation	Ship Joiner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Dr. R. W. Mansfield
Address	117 S. Broadway
Remarks	

That any physician, accoucheur, nurse, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24713

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Fourth Day of Mai 1878
4. *Place of Birth (Street and Number)* Baltimore Maryland. Fobbleton, P. 136
5. *Full Name of Mother* Margareth. Elisabath. von Restorff – Braunfels
6. *Mother's Maiden Name* Margareth. Elisabeth. Baulde.
7. *Mother's Birthplace* Breslau. Silesia. Prussia
8. *Full Name of Father* Franz von Restorff – Braunfels.
9. *Father's Occupation* Civil Engeneer.
10. *Father's Birthplace* Teichau near Militsch Silesia. Prussia

Name of Medical Attendant, or other Person who makes this Return Midwife. Mrs. Seewald. and

Address Cathreen / Mrs. Emmy Keller.

Remarks Leipzig no 499 West Pratt st

RETURN OF A BIRTH.

211714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 4th 1878
4. *Place of Birth (Street and Number)*	No 344 Lanvale Ave
5. *Full Name of Mother*	Fanny Koch
6. *Mother's Maiden Name*	Fanny Garmann
7. *Mother's Birthplace*	New Brunswick N.J.
8. *Full Name of Father*	Fredrick Koch
9. *Father's Occupation*	Tobacco Operator
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Elizabeth Schmidt
Address	
Remarks	No 376 Park Ave

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21715

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name of child: ~~Henry W Loft~~ Henry W Loft

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 4 d. 1878
4. Place of Birth (Street and Number)	181 Jefferson str.
5. Full Name of Mother	Kathrine Loft
6. Mother's Maiden Name	Kathrine Rabe
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johan Heinrich Loft
9. Father's Occupation	Kabenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Marie R. Rudiger
Address	134 S. Bond str.
Remarks	

That any physician, accoucheur, midwife, or other person in attendance, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24716

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 4th 1878
4. Place of Birth (Street and Number)	No 8 Pearl Street Balto
5. Full Name of Mother	Emma Fischer
6. Mother's Maiden Name	" Belz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Fischer
9. Father's Occupation	Varnisher
10. Father's Birthplace	No 8 Pearl Street Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumbler Midwife
Address	60 Lehorter St
Remarks	

That any physician, accoucheur, midwife, or other person who shall attend upon any case of birth, shall within six days thereafter, report to the registrar aforesaid, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24717

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 dutt
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White race
3. Date of Birth	May 4th 1878
4. Place of Birth (Street and Number)	Washington St 441
5. Full Name of Mother	Mary Butt
6. Mother's Maiden Name	Smeigert
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Joseph Butt
9. Father's Occupation	Grocer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ully
Address	48 N Calvert St
Remarks	

RETURN OF A BIRTH.

24718

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY BALTIMORE

That any physician, accoucheur, midwife, or other person, who shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4 of may
4. Place of Birth (Street and Number)	Addison Aley No 2
5. Full Name of Mother	Mary E Smith
6. Mother's Maiden Name	Mary E Hook
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Thomas Smith
9. Father's Occupation	house carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	M J Seaman
Address	No 435 Mehrung Stret
Remarks	very weak

RETURN OF A BIRTH.

21719

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

within six days thereafter, stating distinctly the name of child, if any, date of birth, sex, color, whether born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 5th 1878
4. Place of Birth (Street and Number)	No 79 Clark's Court
5. Full Name of Mother	Hanna Jackson
6. Mother's Maiden Name	Hanna Jackson
7. Mother's Birthplace	Centerville Eastern shore
8. Full Name of Father	Jane Fletcher
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stubbs No 42 Sharp st
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in attendance upon the birth of any child, within the City of Baltimore shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24726

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 5 1878
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, [illegible] who shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21721

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 5 1878
4. Place of Birth (Street and Number) N. 8 Little Sister St
5. Full Name of Mother Rebecca Jones
6. Mother's Maiden Name Rebecca Scott
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm Jones
9. Father's Occupation Laborer
10. Father's Birthplace Harford Co Md.
Name of Medical Attendant, or other Person who makes this Return. John Burrell
Address 99 Argyle ave
Remarks

That any physician, accoucheur, midwife, or other person who shall attend upon any case of birth, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24722

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	5th of May 1878
4. *Place of Birth (Street and Number)*	109 North Caroline.
5. *Full Name of Mother*	Mary C. Wallgren
6. *Mother's Maiden Name*	Mary C. Kirby
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	John Jacob Wallgren
9. *Father's Occupation*	Plater
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mary Walter
Address	136 N. Caroline
Remarks	Baltimore City

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their plysical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24723

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	6th of May 1878
4. *Place of Birth (Street and Number)*	109 North Gay St.
5. *Full Name of Mother*	Mary A. Bassett
6. *Mother's Maiden Name*	Mary A. Prendergast.
7. *Mother's Birthplace*	Richmond. Virginia
8. *Full Name of Father*	Wm H. Bassett.
9. *Father's Occupation*	Shoe Cutter
10. *Father's Birthplace*	Philadelphia
Name of Medical Attendant, or other Person who makes this return	Mary Walker
Address	125 N. Caroline
Remarks	Baltimore City

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24724

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person, who shall neglect to report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	5th May 1878
4. Place of Birth (Street and Number)	27 Pratt St.
5. Full Name of Mother	Dora Benzar
6. Mother's Maiden Name	" Kratzer
7. Mother's Birthplace	Germany
8. Full Name of Father	H Benzar
9. Father's Occupation	Restaurateur
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Clapp
Address	52 E Lombard
Remarks	

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24725

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	11th May 1878
4. Place of Birth (Street and Number)	Aisemarket
5. Full Name of Mother	Johanna Klein
6. Mother's Maiden Name	Bedicta
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Klein
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sara L. Harper
Address	522 E. Lombard
Remarks	

RETURN OF A BIRTH.

24726

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 5th May 1878
4. *Place of Birth (Street and Number)* 124 W Hoffman st
5. *Full Name of Mother* Alice M Kraft
6. *Mother's Maiden Name* " " Binnix
7. *Mother's Birthplace* Md
8. *Full Name of Father* Geo L Kraft
9. *Father's Occupation* coal merchant
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill

Address 129 W Biddle st

Remarks

That any physician, accoucheur, nurse or [illegible], shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21727

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 May
4. Place of Birth (Street and Number)	81 Granby St
5. Full Name of Mother	Louisa Schmenberg
6. Mother's Maiden Name	Schmenberg
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Boyatt
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Joshua Simon
Address	No 70 Granby Street
Remarks	and Married

RETURN OF A BIRTH.

24728

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

advise at the birth of any child, whether born alive or dead, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seecon Child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Collord
3. *Date of Birth* fifth May
4. *Place of Birth (Street and Number)* Baltimore city and st No 120
5. *Full Name of Mother* Chollott freeman
6. *Mother's Maiden Name* Chollott Linn
7. *Mother's Birthplace* baltimore City
8. *Full Name of Father* Thomas freeman
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Chester County

Name of Medical Attendant, or other Person who makes this Return. Nancy Williams

Address No 210 Dover

Remarks

RETURN OF A BIRTH. 24729

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 7 1878 BALTIMORE.

rect Record of Facts contained in this Return.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 May 1878
4. Place of Birth (Street and Number)	469 Cross St.
5. Full Name of Mother	Rieke Reinecke
6. Mother's Maiden Name	Rieke Doig
7. Mother's Birthplace	Germany
8. Full Name of Father	Johann H6 Reinecke
9. Father's Occupation	Box Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Magdalene
Address	Russel St No. 70
Remarks	

RETURN OF A BIRTH. 21731

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 5th 1878
4. Place of Birth (Street and Number)	No 91 Bank str
5. Full Name of Mother	Anna Slocum
6. Mother's Maiden Name	" Schnell
7. Mother's Birthplace	City
8. Full Name of Father	John F. Slocum
9. Father's Occupation	Laborer.
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return	Mrs Elizabeth Bushmarten
Address	120 Bank str
Remarks	

RETURN OF A BIRTH.

21731

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

MAY 1918

of the parents, and the maiden name of the mother of such child, if married.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 5 - 1918
4. Place of Birth (Street and Number)	181 Ross St
5. Full Name of Mother	Elizabeth Mary Rapp
6. Mother's Maiden Name	Fritsch
7. Mother's Birthplace	Austria (Europe)
8. Full Name of Father	George Rapp
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Bavaria (Europe)
Name of Medical Attendant, or other Person who makes this Return.	Dr. Rieman M.D.
Address	89 Millbury Ave
Remarks	

RETURN OF A BIRTH.

24732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

That any physician, accoucheur, midwife, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 5th 1878
4. *Place of Birth (Street and Number)* 170 Mulberry
5. *Full Name of Mother* Ida Burdick
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David Kraus
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. R. L. Williams M.D.

Address 201 Madison Ave

Remarks

That any physician, accoucheur, midwife or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211733

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. JUN 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 5th 1878
4. *Place of Birth (Street and Number)* Central ave 109
5. *Full Name of Mother* Maggie Guinnard
6. *Mother's Maiden Name* " Linn
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Walter Guinnard
9. *Father's Occupation* Painter
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mr Ross Mly

Address 48 Holland St Fells

Remarks

RETURN OF A BIRTH.

24734

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person, who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth May 6th 1878

4. Place of Birth (Street and Number) 262 N. Gay St.

5. Full Name of Mother Rosine Shuster.

6. Mother's Maiden Name A. Bark.

7. Mother's Birthplace Baltimore

8. Full Name of Father Herman Shuster.

9. Father's Occupation Dealer in Boots & Shoes

10. Father's Birthplace Logansport Ind.

Name of Medical Attendant, or other Person who makes this Return. Sarah. Worden

Address 230. Aisquith St.

Remarks

21736

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6 of May
4. *Place of Birth (Street and Number)* Cross Keaman bridge Mc neal
5. *Full Name of Mother* Josephine Burgess
6. *Mother's Maiden Name* Josephine Ashby
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* David Burgess
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mc Mc. Shaffer

Address South Paca st. & B

Remarks

And the Physician, Midwife or other person having charge of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24734

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May the 6th
4. Place of Birth (Street and Number) No 10 Etting st
5. Full Name of Mother Sarah E. Minton
6. Mother's Maiden Name " " " Hammond
7. Mother's Birthplace Baltimore City
8. Full Name of Father Wm J. Minton
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Gale

Address 113 [redacted] Eden st

Remarks

RETURN OF A BIRTH.

24737

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1878
BALTIMORE

That any physician, accoucheur, midwife, or other person present at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st (First)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 6th 1878
4. *Place of Birth (Street and Number)* 106 Mulliken St.
5. *Full Name of Mother* Carrie Bigger
6. *Mother's Maiden Name* Accamb
7. *Mother's Birthplace* Philadelphia Pa.
8. *Full Name of Father* Wm. Bigger
9. *Father's Occupation* Basket maker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address 105 N. Central Avenue

Remarks ———

RETURN OF A BIRTH.

21738

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 6th 1878
4. Place of Birth (Street and Number)	No. 545 E. Monument St.
5. Full Name of Mother	Mary Fisher.
6. Mother's Maiden Name	Mary Ritchey.
7. Mother's Birthplace	Muldenburg Germany.
8. Full Name of Father	Andrew Fisher
9. Father's Occupation	Working in Brickyard.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt
Address	No 545 E. Cor. Monument & Do Montrel av.
Remarks	All. Well.

Physicians, Midwives, and other persons having charge of any case of birth, are required by law to report to the Registrar of Vital Statistics, at the office at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21739

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

That any physician, midwife, or any other person in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6. May
4. *Place of Birth (Street and Number)* No 5 Saratoga St
5. *Full Name of Mother* Mary Gobling host
6. *Mother's Maiden Name* Theye
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Gobling host
9. *Father's Occupation* Stone
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

RETURN OF A BIRTH.

24710

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, midwife, or other person who shall neglect or refuse to report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 6th 1878
4. Place of Birth (Street and Number)	corner West and Ridgely
5. Full Name of Mother	Cristine Heller Back
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Heller
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendent, or other Person who makes this Return.	P. Lahrooser midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

21471-1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person who shall attend upon any case of child-birth, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 6th 1878
4. *Place of Birth (Street and Number)*	66 Heath St
5. *Full Name of Mother*	Elizabeth C. Conn
6. *Mother's Maiden Name*	Elizabeth C. Andrews
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	John C. Conn
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M.D.
Address	
Remarks	

RETURN OF A BIRTH.

24742

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

That any physician, accoucheur, or other person who shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 6th of May 1878
4. Place of Birth (Street and Number) No 244 Aisquith St
5. Full Name of Mother Lizzy Schneider
6. Mother's Maiden Name Lizzy Kiges
7. Mother's Birthplace Schundau
8. Full Name of Father Baldwin Schneider
9. Father's Occupation Locksmith
10. Father's Birthplace Koingard Brimmam

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner

Address No 45 Monroe St E. Md

Remarks

RETURN OF A BIRTH.

21743

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

That any physician, accoucheur, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 6th
4. *Place of Birth* (Street and Number) 71 Amity St
5. *Full Name of Mother* Mary Jones
6. *Mother's Maiden Name* Mary Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Evans A. Jones
9. *Father's Occupation*
10. *Father's Birthplace* Frederick Co

Name of Medical Attendant, or other Person who makes this Return. Lucy Pinkett

Address 130 S. Eutaw St

Remarks

That any physician, accoucheur, midwife or other person present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2147141

HEALTH DEPARTMENT
MAY
10
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Unitetwin
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	1st May 1878
4. *Place of Birth (Street and Number)*	124 N. 4th Caroline st
5. *Full Name of Mother*	Mary Betzenberger
6. *Mother's Maiden Name*	Mary Müller
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John J. Müller
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Caspar Sia Trunkel
Address	Md Gen Hospital Sp Dr Trunkel
Remarks	Healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24711-5

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall attend upon any case of labor, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7
4. Place of Birth (Street and Number)	151 Front St
5. Full Name of Mother	Mary Launy
6. Mother's Maiden Name	Carr
7. Mother's Birthplace	Ireland
8. Full Name of Father	Robert G Launy
9. Father's Occupation	Marble Polisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula D. Crossmer
Address	No 7 Forest Place
Remarks	

RETURN OF A BIRTH.

2117116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. May 8 1878

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

That any Physician, Midwife, or other person in the City of Baltimore, shall report to the registrar of births, advise at the birth of any child, within the City of Baltimore, shall report to the registrar of births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 7th 1878.
4. *Place of Birth (Street and Number)* 141 Wolfe St.
5. *Full Name of Mother* Mary Lizzie Kolbus.
6. *Mother's Maiden Name* Mary Lizzie Reymack
7. *Mother's Birthplace* America
8. *Full Name of Father* Henry Kolbus.
9. *Father's Occupation* Laborer,
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.
Address No. 137 Wolfe St
Remarks —

That any physician, accoucheur, midwife, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24711-7

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 9 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* brown skin
3. *Date of Birth* 7th of may ~~gilbert st~~
4. *Place of Birth (Street and Number)* 28 gilbert st
5. *Full Name of Mother* Henry Loise
6. *Mother's Maiden Name* Henry Loises
7. *Mother's Birthplace* baltimore
8. *Full Name of Father* Edward Holiday
9. *Father's Occupation* Laborer
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. Isaac Somerville

Address 13 Clinton avenue

Remarks

RETURN OF A BIRTH.

24748

HEALTH DEPARTMENT
MAY
11
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

That any physician, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 7th 1878
4. Place of Birth (Street and Number)	№ 335 Eutaw st
5. Full Name of Mother	Helene Heim
6. Mother's Maiden Name	Bush
7. Mother's Birthplace	America
8. Full Name of Father	George Heim
9. Father's Occupation	Glassblower
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J Lohyassen midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

214749

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
11
1878
BALTIMORE

That any physician, midwife, or other person who shall attend upon any case of labor, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 7 th 1878
4. Place of Birth (Street and Number)	No 150 Gross st
5. Full Name of Mother	Anna Müller
6. Mother's Maiden Name	Werner
7. Mother's Birthplace	America
8. Full Name of Father	William Müller
9. Father's Occupation	Cooper
10. Father's Birthplace	Germaney.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmasser midwife
Address	213 Gross st.
Remarks	

That any physician, accoucheur, nurse, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24750

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) second child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) colord

3. Date of Birth may the 7th

4. Place of Birth (Street and Number) Alley 261

5. Full Name of Mother Sarah Bone

6. Mother's Maiden Name Sarah miller

7. Mother's Birthplace maryland

8. Full Name of Father Daniel Bone

9. Father's Occupation occupation laber

10. Father's Birthplace sportsmanna virginnia

Name of Medical Attendant, or other Person who makes this Return Jenarette glasgo

Address she is in Good helth mc elderry st

Remarks

GIVEN NAME ADDED 4-21-59

RETURN OF A BIRTH.

24751

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person who shall fail to report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Maria Sophia Leinbach [illegible]
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7th 1878
4. Place of Birth (Street and Number)	302 S Eutaw St.
5. Full Name of Mother	Julianna Spenger
6. Mother's Maiden Name	" Leinbach
7. Mother's Birthplace	Hessendarmstadt
8. Full Name of Father	Theod. Leinbach
9. Father's Occupation	Carter
10. Father's Birthplace	Kurhessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 S Eutaw St.
Remarks	

RETURN OF A BIRTH.

24762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

That any physician, accoucheur, nurse, or other person, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth Child.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Tuesday 7th of May 1878.
4. Place of Birth (Street and Number) No. 69 N. Eutaw St.
5. Full Name of Mother Mary Cullen.
6. Mother's Maiden Name Mary Sackerman
7. Mother's Birthplace Baltimore Maryland.
8. Full Name of Father Levi Cullen.
9. Father's Occupation Peddler
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Schultze.

Address 517 Orleans St. Baltimore Md.

Remarks Very Healthy.

RETURN OF A BIRTH.

24753

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of child, and whether born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 1 1878
4. Place of Birth (Street and Number)	75 Aisquith St Baltimore City
5. Full Name of Mother	Emma Brattin
6. Mother's Maiden Name	Miller
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Isaac F Brattin
9. Father's Occupation	Oyster Seller
10. Father's Birthplace	Maryland Co
Name of Medical Attendant, or other Person who makes this Return.	Ellen E Chubb
Address	1611 Thames St
Remarks	

RETURN OF A BIRTH.

24754

HEALTH DEPARTMENT MAY 13 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 7th
4. *Place of Birth (Street and Number)* Locust St ho 100 Cookie St
5. *Full Name of Mother* Sarah C. Morris
6. *Mother's Maiden Name* Sarah C. Knoffsenburg
7. *Mother's Birthplace* Wellensburg Pa
8. *Full Name of Father* Ambrose H. Morris
9. *Father's Occupation* Puddler
10. *Father's Birthplace* Lynchburg Va

Name of Medical Attendant, or other Person who makes this Return. Margret E Ulel

Address

Remarks

...int any physician, midwife, or other person, ... advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21755

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 7. 78
4. *Place of Birth (Street and Number)* Hanover Court no 2
5. *Full Name of Mother* Louisa Steward Sothers
6. *Mother's Maiden Name* Louisa Steward
7. *Mother's Birthplace* Eastern Shore
8. *Full Name of Father* John Steward
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* West River

Name of Medical Attendant, or other Person who makes this return Willis Groom

Address 181 York Street

Remarks

advise at the Office of the Registrar of Vital Statistics, Board of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24756

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

That any physician, midwife, or other person, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) the ninth

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth the 7th of May 1878
4. Place of Birth (Street and Number) 41 S. Schroeder St
5. Full Name of Mother Carolina Bello
6. Mother's Maiden Name Carolina Mori
7. Mother's Birthplace Habana (Island of Cuba)
8. Full Name of Father Serafin Bello
9. Father's Occupation Cigar manufacturer
10. Father's Birthplace Habana (Cuba)

Name of Medical Attendant, or other Person who makes this Return.

Address Miss Dunlop 60 Schroeder

Remarks

RETURN OF A BIRTH.

24757

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 26 1878

BALTIMORE

That any physician, midwife, or other person having charge of the case, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 8th 1878
4. Place of Birth (Street and Number) No 164 N Eighth st
5. Full Name of Mother Louisa Oppermann
6. Mother's Maiden Name Louisa Winkel
7. Mother's Birthplace Baltimore
8. Full Name of Father William Oppermann
9. Father's Occupation Fireman on W. M. R. Road
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henry H. Meyer

Address 182 Monument st.

Remarks

RETURN OF A BIRTH.

24758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 23 1878 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored Race
3. *Date of Birth* Born May 7th 1878
4. *Place of Birth (Street and Number)* No 218 Hack Alley
5. *Full Name of Mother* Emily Hunington
6. *Mother's Maiden Name* Emily Hunington
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Alfred Spencer
9. *Father's Occupation* Laborer on the wharf
10. *Father's Birthplace* Georgia

Name of Medical Attendant, or other Person who makes this Return. Julia A Jones

Address N 314 S Howard St

Remarks

Within six days thereafter, dating from the time when any child was born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th May 1878
4. Place of Birth (Street and Number)	89 Harrison St.
5. Full Name of Mother	Mary Rahmer
6. Mother's Maiden Name	Hannemann
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Adolph Rahmer
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	E Jones Williams M.D.
Address	17 Gilmore St. Balto
Remarks	

That any physician, midwife or other person who shall neglect or refuse to report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21760

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 10th 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 8th 1878
4. *Place of Birth (Street and Number)* 131 Chapple St.
5. *Full Name of Mother* Mary Hirsch.
6. *Mother's Maiden Name* Mary Dies
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Hirsch.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amand.

Address No. 137 Wolfe St.

Remarks —

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21781

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
13
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	8 May 1878
4. Place of Birth (Street and Number)	92 Exeter St.
5. Full Name of Mother	Kate Shilcot
6. Mother's Maiden Name	Moore
7. Mother's Birthplace	U.S.
8. Full Name of Father	Wm Shilcot
9. Father's Occupation	Grocer
10. Father's Birthplace	U.S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Tarpin
Address	52 E. Lombard.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24762

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	May 8 1878
4. Place of Birth (Street and Number)	168 N. Gouldard St
5. Full Name of Mother	Julia Stratton
6. Mother's Maiden Name	Julia Stratton
7. Mother's Birthplace	Ind
8. Full Name of Father	Mr. Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return.	Prof Thomas Opie Ind
Address	396 N. Fayette St
Remarks	Patient in child, in good condition.

Physicians and Midwives, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21763

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 17 1878

advise at the Office of the Registrar, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	8 of May
4. *Place of Birth (Street and Number)*	Chesnut Stret No 26
5. *Full Name of Mother*	Maggie Wright
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Eastern Shore Virginia
8. *Full Name of Father*	
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address	No 97 Chesnut Stret
Remarks	

That any physician, nurse, midwife in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

24764

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 8th 1878
4. *Place of Birth (Street and Number)*	59 Penna Avenue
5. *Full Name of Mother*	Louisetta Roble
6. *Mother's Maiden Name*	" Schmade
7. *Mother's Birthplace*	Pahsyvania
8. *Full Name of Father*	Andrew Roble
9. *Father's Occupation*	Cabinet Maker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Annie Mehrmeyer
Address	220 Penn Ave
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

21765

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

It is hereby required, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 May
4. *Place of Birth (Street and Number)* 127 Eden St
5. *Full Name of Mother* Margaretta Baumann
6. *Mother's Maiden Name* Diebold
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Paulus Baumann
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

RETURN OF A BIRTH.

24766

HEALTH DEPARTMENT MAY 13 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, midwife, or other person who shall fail, neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 8. of May
4. *Place of Birth (Street and Number)* No 209 Gaes St
5. *Full Name of Mother* Louisa Pet. Wehinger
6. *Mother's Maiden Name* Louisa Pet. Remel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jorge Remel
9. *Father's Occupation* Seattler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lauer Baltimore the 11 of May 1878

Remarks 1.77 Hefestrasse 1878

RETURN OF A BIRTH.

24767

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, midwife or other person who shall neglect or refuse to report to the registrar aforesaid, as above at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 8th 1878
4. *Place of Birth (Street and Number)* 405 St Paul st
5. *Full Name of Mother* Sallie (Davidge)
6. *Mother's Maiden Name* Martin
7. *Mother's Birthplace* Charleston S.C.
8. *Full Name of Father* Robert C Davidge
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. R C Williams

Address 201 Madison Ave

Remarks

RETURN OF A BIRTH.

21768

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
14
1878
BALTIMORE

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth May 8th 1878.
4. Place of Birth (Street and Number) No 35 Ensor st.
5. Full Name of Mother Mary Marquardt.
6. Mother's Maiden Name Mary Lethe.
7. Mother's Birthplace Germany.
8. Full Name of Father William Marquardt.
9. Father's Occupation Tavern
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Geng H. Wiegeist

Address 182 Monument st.

Remarks

RETURN OF A BIRTH.

21769

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth May 8th 1878
4. Place of Birth (Street and Number) Lombard St 41
5. Full Name of Mother Annie Beyer
6. Mother's Maiden Name Anna Baumgarten
7. Mother's Birthplace Bavaria Europe
8. Full Name of Father Godfrey Beyer
9. Father's Occupation Tailor
10. Father's Birthplace Bavaria Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Welly
Address 45 Holliday St City
Remarks

The Act requires that every person who shall be present at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

RETURN OF A BIRTH.

24770

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 9
4. *Place of Birth* (Street and Number)	47 Hillman St
5. *Full Name of Mother*	Elisabeth Murnane
6. *Mother's Maiden Name*	Murnan
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Michel Murnan
9. *Father's Occupation*	Meat Cleaner
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jerusha J Chrismer
Address	No 7 Forrest Place
Remarks	

Any person having any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24771

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 9th 1878

4. Place of Birth (Street and Number) N 277 W Fayette St

5. Full Name of Mother Mary E. Reynolds

6. Mother's Maiden Name Mary E Hogan

7. Mother's Birthplace Tipperary Ireland

8. Full Name of Father Patrick Reynolds

9. Father's Occupation Baker & Confectioner

10. Father's Birthplace Sligo Ireland

Name of Medical Attendant, or other Person who makes this Return. F H Chatard M.D

Address N 114 Park ave

Remarks

...alvise at the birth of any child, within the City of Baltimore, shall report to the ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21772

HEALTH DEPARTMENT MAY 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

The Physician, Midwife, or other person having charge of any child, within the City of Baltimore, shall report to the Registrar of Vitals, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	May 9 1878
4. Place of Birth (Street and Number)	163 St Paul St
5. Full Name of Mother	Mary Carr
6. Mother's Maiden Name	Mary Carr
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return.	Prof Thos. Opie M.D.
Address	396 St Fayette St
Remarks	Mother and child doing well

RETURN OF A BIRTH.

2477 3

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th of May.
4. Place of Birth (Street and Number)	78 Otter St.
5. Full Name of Mother	Fanny Parsons
6. Mother's Maiden Name	Parks
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	George Parsons
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24774

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Physician, midwife or other person in attendance at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th May 1878
4. Place of Birth (Street and Number)	436 E. Balto.
5. Full Name of Mother	Maggie Harding
6. Mother's Maiden Name	Taylor
7. Mother's Birthplace	U. S.
8. Full Name of Father	Leonard Harding
9. Father's Occupation	Laborer
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	522 E. Lombard
Remarks	

RETURN OF A BIRTH.

24775

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

ndvise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th May 1878
4. Place of Birth (Street and Number)	47 Albemarle
5. Full Name of Mother	Amelia Blessing
6. Mother's Maiden Name	Hoffa Cook
7. Mother's Birthplace	U. States
8. Full Name of Father	Andrew Blessing
9. Father's Occupation	Laborer
10. Father's Birthplace	U States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cusper
Address	52 E Lombard
Remarks	

RETURN OF A BIRTH.

24-776

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, midwife, or other person who shall attend upon any case of birth, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th 6

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 17 Cambridge
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* Agnes Mahling
6. *Mother's Maiden Name* Agnes Seitz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Mahling
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Louisa Wiley

Address 112 Patterson Parkway East

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

That any physician, midwife, or other person who shall attend upon any case of child-birth within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 9th 1878
4. *Place of Birth (Street and Number)* No 60 Wane St
5. *Full Name of Mother* Ellen Cassey
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Accomac C.H. Va
8. *Full Name of Father* Peter Cassey
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Accomac Co Va

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24-778

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
14
1878
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 4th. 9. 1878
4. *Place of Birth (Street and Number)* S. Carolina A. No 148
5. *Full Name of Mother* Katharina Blessing
6. *Mother's Maiden Name* Katharina Krostburg
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Simon Blessing
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Kirchbach. Gr. Baden. Germany

Name of Medical Attendant, or other Person who makes this Return. Harry E. Muller

Address N. Dallas St. No 26.

Remarks

adries at the birth of any child, within the City of Baltimore, shall report to the ... within six days thereafter, stating distinctly, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24779

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Fourth Ward

It is the duty of every person, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	9th of May 1878
4. Place of Birth (Street and Number)	241 W. Watson St.
5. Full Name of Mother	Mary Ellen McCaffrey
6. Mother's Maiden Name	Mary E. Hill
7. Mother's Birthplace	Frederick Co Md
8. Full Name of Father	Bernard Hill
9. Father's Occupation	Varnisher
10. Father's Birthplace	Baltimore Co Md
Name of Medical Attendant, or other Person who makes this Return.	Mary Walsh
Address	241 W Watson St
Remarks	Baltimore

RETURN OF A BIRTH.

21478

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d,

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth May 9th 1878.
4. Place of Birth (Street and Number) No 33 Holland
5. Full Name of Mother Katie Mongold.
6. Mother's Maiden Name Katie German
7. Mother's Birthplace Baltimore
8. Full Name of Father William Mongold.
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Chas Hildegerst.

Address 187 Monument st.

Remarks

Every Physician, Midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24781

HEALTH DEPARTMENT
MAY
30
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of each child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th
4. Place of Birth (Street and Number)	No 29 Conway St
5. Full Name of Mother	Christena Smith
6. Mother's Maiden Name	Christena Dietz
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernard Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs M. Heeg
Remarks	No 32 Lutenberg Street

RETURN OF A BIRTH.

21789

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 May
4. *Place of Birth (Street and Number)* 20 Cager
5. *Full Name of Mother* Kath. Boyd
6. *Mother's Maiden Name* " Fox.
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jos. Fox.
9. *Father's Occupation* Worker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21783

HEALTH DEPARTMENT MAY 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, midwife, or other person who shall attend upon any case of child-birth within the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Marg 10
4. *Place of Birth (Street and Number)* St Peter St No 13
5. *Full Name of Mother* Katz Vogt
6. *Mother's Maiden Name* Katz Ozelin
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Vogt
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C Etienlein

Address No 59 Fredrick av

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar [illegible], within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24784

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One, First.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	(10 1/2) Tenth day of May 1878.
4. Place of Birth (Street and Number)	99 Ridgely.
5. Full Name of Mother	Anna Mary, Cooke.
6. Mother's Maiden Name	Anna Mary. Reif
7. Mother's Birthplace	Philadelphia Penn.
8. Full Name of Father	Alfred Enoch, Cooke.
9. Father's Occupation	Manufactor
10. Father's Birthplace	New York City. N.Y.
Name of Medical Attendant, or other Person who makes this Return.	Rob Jervis M'd
Address	74 Lardner all Street.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24735

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 10
4. *Place of Birth (Street and Number)* 197 Caroline St
5. *Full Name of Mother* Katherine Zettner
6. *Mother's Maiden Name* Mengel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charley Zettner
9. *Father's Occupation* School Teacher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

RETURN OF A BIRTH.

24786

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. MAY 16 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 10th 1878
4. Place of Birth (Street and Number)	154 Homburg St
5. Full Name of Mother	Friedrich Bridget
6. Mother's Maiden Name	America Mathias
7. Mother's Birthplace	
8. Full Name of Father	Jacob Bridget
9. Father's Occupation	Brickmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	213 Cross St
Remarks	

RETURN OF A BIRTH.

24787

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

ndvise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 10th
4. Place of Birth (Street and Number)	Baltimore Hides Court No 73
5. Full Name of Mother	Ellen Smith
6. Mother's Maiden Name	Ellen Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Not known
9. Father's Occupation	Not known
10. Father's Birthplace	Not known
Name of Medical Attendant, or other Person who make this Return	Louis Walker
Address	No 198 S. Dallas st Balto.
Remarks	The Child is in good health

RETURN OF A BIRTH.

24788

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2tes Kind

1. Sex (state whether Male or Female) Bub
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren den 10 Mai
4. Place of Birth (Street and Number) № 202 South Bond Str
5. Full Name of Mother Auguste Kunkes
6. Mother's Maiden Name Auguste Tanz
7. Mother's Birthplace Deutschland
8. Full Name of Father Wilgam Kunkes
9. Father's Occupation Scholser
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this return Friederike Kaufmann

Address № 204 S. Dallas Str

Remarks Hommer

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ailing at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24789

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

Within six days thereafter, stating distinctly the date of birth, sex, and color of each child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 ou ~~1878~~
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th 1878
4. Place of Birth (Street and Number)	96 Hill St.
5. Full Name of Mother	Bettie White
6. Mother's Maiden Name	Marchant
7. Mother's Birthplace	Virginia
8. Full Name of Father	Frank White
9. Father's Occupation	Clerk
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre Sts
Remarks	

RETURN OF A BIRTH. 24790

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, and the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th 1878
4. Place of Birth (Street and Number)	#43 Henrietta St
5. Full Name of Mother	Ambert J. Gladding
6. Mother's Maiden Name	Trader
7. Mother's Birthplace	Virginia
8. Full Name of Father	Michael H. Gladding
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre Sts
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214791

HEALTH DEPT MAY 14 1878 BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 13 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 11th 1878
4. *Place of Birth (Street and Number)* 269 Ann St
5. *Full Name of Mother* Gusta Yager
6. *Mother's Maiden Name* Gusta King
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lewis Yager
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend St

Address No 137 Wolfe St

Remarks

RETURN OF A BIRTH.

21492

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) .....

1. *Sex* (~~*state whether Male or Female*~~) .....
2. *Race or Color* (~~*if not of the white race*~~) .....
3. *Date of Birth* ..... May 10th 1878
4. *Place of Birth (Street and Number)* ..... 292 N Eutaw St
5. *Full Name of Mother* ..... Bertha Martin
6. *Mother's Maiden Name* ..... Bertha Mahn
7. *Mother's Birthplace* ..... Baltimore City
8. *Full Name of Father* ..... Benjamin F Martin
9. *Father's Occupation* ..... Driver
10. *Father's Birthplace* ..... Germany

Name of Medical Attendant, or other Person who makes this Return. ..... John L R Magee M.D.

Address .....

Remarks .....

24793

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10 th 1878
4. Place of Birth (Street and Number)	139 s. Bethel st.
5. Full Name of Mother	Margret Markus
6. Mother's Maiden Name	Margr. Kleilein
7. Mother's Birthplace	Germany
8. Full Name of Father	Daniel Markus
9. Father's Occupation	Kubnelmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Marie K. Rudiger
Address	134 s. Bond st.
Remarks	

RETURN OF A BIRTH.

247911

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	May 10th 1878
4. Place of Birth (Street and Number)	Holland St 27
5. Full Name of Mother	Hannah Young
6. Mother's Maiden Name	" Minter
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Robert B. Young
9. Father's Occupation	Painter
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rosa Helbig
Address	48 Holland St City
Remarks	

RETURN OF A BIRTH.

24795

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE.

advise as the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 10th 1878
4. Place of Birth (Street and Number)	Central ave 32
5. Full Name of Mother	Kate Weinberg
6. Mother's Maiden Name	" Buchenhamer
7. Mother's Birthplace	Hessia Europe
8. Full Name of Father	Henry Weinberg
9. Father's Occupation	Baker
10. Father's Birthplace	Bavaria Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ally
Address	48 Holland St
Remarks	

RETURN OF A BIRTH.

24796

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d~~, &c.) .....

1. *Sex* (state whether *Male* or *Female*) Female
2. *Race or Color* (if not of the white race) white
3. *Date of Birth* May 11. 1878
4. *Place of Birth* (*Street and Number*) N. Register No 53.
5. *Full Name of Mother* Maria Albrecht
6. *Mother's Maiden Name* Feiser
7. *Mother's Birthplace* Bavaria Germany
8. *Full Name of Father* Franz Albrecht
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Bomgardt

Address N. Register No 28

Remarks Mrs Dr

RETURN OF A BIRTH.

24797

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The First Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 11
4. Place of Birth (Street and Number)	No 74 Monroe St.
5. Full Name of Mother	Mrs Lizzie Hunt.
6. Mother's Maiden Name	M. Lizzie Hoffman.
7. Mother's Birthplace	Erie Pa.
8. Full Name of Father	Mr John Hunt
9. Father's Occupation	Baltimore M. C.
10. Father's Birthplace	Main Road.
Name of Medical Attendant, or other Person who makes this Return.	Miss Linder
Address	No 45 Monroe
Remarks	

RETURN OF A BIRTH.

24798

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 11th
4. Place of Birth (Street and Number)	175 Pressman St.
5. Full Name of Mother	Alice C Pietsch
6. Mother's Maiden Name	Alice Dillon
7. Mother's Birthplace	Richmond Va
8. Full Nome of Father	Charles Pietsch
9. Father's Occupation	Teacher of Music
10. Fother's Birthploce	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A C Pole M D
Address	No 1 Boundary Ave
Remarks	

RETURN OF A BIRTH.

24799

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 May
4. Place of Birth (Street and Number)	82 Eastford Ave
5. Full Name of Mother	Mary Grogan
6. Mother's Maiden Name	Jennings
7. Mother's Birthplace	Ireland
8. Full Name of Father	Joseph Grogan
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula Schrinner
Address	No 7 Forrest Place
Remarks	

Physicians, Midwives, or other persons having charge of any case of birth within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24800

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 11th 1878
4. *Place of Birth (Street and Number)* No 2 Gilmor Road
5. *Full Name of Mother* Caroline Schuh
6. *Mother's Maiden Name* Caroline Eismann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Ernest Schuh
9. *Father's Occupation* ~~Tailor~~ Shoe Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return C. Schuh

Address No 176 Lee Ave

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Active at the birth of any child, within the City of Baltimore, shall report the same to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their plyaical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21801

HEALTH DEPARTMENT MAY 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 May
4. *Place of Birth (Street and Number)* No 2 Little Gough St
5. *Full Name of Mother* Anna Bowmiller
6. *Mother's Maiden Name* Clemens
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Theodor Bowmiller
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby Street

Remarks

RETURN OF A BIRTH.

24802

HEALTH DEPARTMENT
MAY
17
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Colored child first
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	May 11th 1878
4. *Place of Birth* (Street and Number)	Baltimore bet. Hills 255
5. *Full Name of Mother*	Ellen Proctor
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore County Maryland
8. *Full Name of Father*	
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this return	Elizabeth Foot
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24803

HEALTH DEPT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female Child
2. *Race or Color (if not of the white race)* Colored race
3. *Date of Birth* May the 11-1878
4. *Place of Birth (Street and Number)* 72 McDonnel St 72 Baltimore md
5. *Full Name of Mother* Mary Banks
6. *Mother's Maiden Name* Mary Pinket
7. *Mother's Birthplace* Dorchester County md
8. *Full Name of Father* William Banks
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Dorchester County md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Hertford

Address Register St 130 Baltimore md

Remarks

RETURN OF A BIRTH.

248011

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Black
3. *Date of Birth*	May 11th 1878
4. *Place of Birth (Street and Number)*	212 Penitentia St
5. *Full Name of Mother*	Alice A Snowden
6. *Mother's Maiden Name*	Alice A Russell
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Evan J Snowden
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21805

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY. May 12 [illegible]

HEALTH DEPARTMENT MAY 14 [illegible] BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth May 4th 1878.
4. Place of Birth (Street and Number) 253 Bank St.
5. Full Name of Mother Annie Aspril
6. Mother's Maiden Name Annie Bruzzmann.
7. Mother's Birthplace America.
8. Full Name of Father David Aspril.
9. Father's Occupation Seaman.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Amend
Address No. 127 Wolfe St.
Remarks —

RETURN OF A BIRTH.

24806

HEALTH DEPARTMENT
MAY
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex (state whether Male or Female)* Boj
2. *Race or Color (if not of the white race)* Withe
3. *Date of Birth* 11 Maj
4. *Place of Birth (Street and Number)* 114 Durcham Stret
5. *Full Name of Mother* Merie Wegner
6. *Mother's Maiden Name* Nodolsky
7. *Mother's Birthplace* Wongrowic
8. *Full Name of Father* Marten Nodolsky
9. *Father's Occupation* —
10. *Father's Birthplace* Getana Germanic

Name of Medical Attendant, or other Person who makes this return Marie Güttner

Address Wolfe Stret 245

Remarks

Any person having the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24807

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mai 11 th 1878
4. *Place of Birth (Street and Number)* 236 s. Durham str.
5. *Full Name of Mother* Kathrine Schreiber
6. *Mother's Maiden Name* Kather Lambert. Wittl
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Philip Schreiber
9. *Father's Occupation* Kabenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie K. Rudiger

Address 134 s. Bonsted

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24807

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1 st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11 of May
4. Place of Birth (Street and Number)	448 Fayett Str
5. Full Name of Mother	Sallie Saunders
6. Mother's Maiden Name	Hendricks
7. Mother's Birthplace	Queens Annes County
8. Full Name of Father	Joseph Thomas Saunders
9. Father's Occupation	Drives Ice Wagon.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	Miss Dunbar 60 Hanover St
Remarks	

RETURN OF A BIRTH.

21809

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth May 11th 1878

4. Place of Birth (Street and Number) No 514 E. Washington

5. Full Name of Mother Mary E. Brown

6. Mother's Maiden Name Mary E. Wilson

7. Mother's Birthplace Baltimore

8. Full Name of Father John Brown

9. Father's Occupation Miller

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mary A. Worrell

Address 226 N. Donogh St

Remarks

...e at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children ...ts or their physical condition, whether still born or not, the full name, nativity, and residence of ...rents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21810

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 24 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Jewish race
3. Date of Birth	May 11th 1878
4. Place of Birth (Street and Number)	Low St 117
5. Full Name of Mother	Bella Levy
6. Mother's Maiden Name	Bindre
7. Mother's Birthplace	Poland Europe
8. Full Name of Father	Leonard Levy
9. Father's Occupation	Peddler
10. Father's Birthplace	Poland Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Ulley
Address	45 Holland St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

211811

HEALTH DEPARTMENT MAY 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	1 Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 May
4. Place of Birth (Street and Number)	Mc Henry St 405 Baltimore
5. Full Name of Mother	Emmie E. Day
6. Mother's Maiden Name	Emmie E Howard
7. Mother's Birthplace	Baltimore M D. "
8. Full Name of Father	John Argilla Day
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Carol Co M D
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Leuburger
Address	2880
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2148 12

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of child, and the number born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. Sex (state whether Male or Female)	female 1
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	12 May
4. Place of Birth (Street and Number)	112 Hughes St
5. Full Name of Mother	Mary Bennit
6. Mother's Maiden Name	Mary Eales
7. Mother's Birthplace	Sant Mr county
8. Full Name of Father	Wiliams Eales
9. Father's Occupation	Chimney Sweep
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	or more later the grave
Address	120 Sharp St
Remarks	

RETURN OF A BIRTH.

21813

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12 May 1878
4. *Place of Birth (Street and Number)* 232 S. Dallas St.
5. *Full Name of Mother* Dorothea Winterstein
6. *Mother's Maiden Name* Brauns
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charly Westerstein
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Gerhard Keller

Address 151 E South St.

Remarks

RETURN OF A BIRTH.

2118111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 12th 1878.
4. *Place of Birth (Street and Number)* 275 S. Dallas st.
5. *Full Name of Mother* Maggeritha Seider
6. *Mother's Maiden Name* " Resh
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Sebastion Seider
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushmann

Address 120 Baulé st.

Remarks

RETURN OF A BIRTH.

24815

HEALTH DEPARTMENT
MAY
31
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 12th 1878
4. *Place of Birth (Street and Number)*	53 Division St
5. *Full Name of Mother*	Bertha Walsh
6. *Mother's Maiden Name*	" Mooney
7. *Mother's Birthplace*	England
8. *Full Name of Father*	James Walsh
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Annie Schuster (Col)
Address	204 Eutaw St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

21816

RETURN OF A BIRTH.

JUN 3 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	12th May 1878
4. Place of Birth (Street and Number)	90 Cranberry St.
5. Full Name of Mother	Elizabeth Carlos
6. Mother's Maiden Name	" Burns
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mike Carlos
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21817

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 Children
1. *Sex (state whether Male or Female)*	Last a Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	12th May 1878
4. *Place of Birth (Street and Number)*	76½ North Chapel st
5. *Full Name of Mother*	Kate Bauer
6. *Mother's Maiden Name*	Kate Spahn
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Ernst Spahn
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Geo Fr Kunkel
Address	11 North Chapel st for John Kunkel
Remarks	Well by

I am hereby required, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24818

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth May 12th 1878

4. Place of Birth (Street and Number) 21 Penn st

5. Full Name of Mother Cecelia Burgess

6. Mother's Maiden Name " Dennis

7. Mother's Birthplace Baltimore County

8. Full Name of Father Joshua S. Burgess

9. Father's Occupation Drayman

10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this Return. R. L. Williams

Address 201 Madison Ave

Remarks

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dvise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24819

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 May
4. Place of Birth (Street and Number)	74 North St
5. Full Name of Mother	Sarah Casey
6. Mother's Maiden Name	Griffin
7. Mother's Birthplace	Ireland
8. Full Name of Father	Wm Casey
9. Father's Occupation	Malt House
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula Johnson
Address	No 7 Fossett Place
Remarks	

...shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21820

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4 th
1. Sex (state whether Male or Female) Male healthy
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 12 th of May 1878
4. Place of Birth (Street and Number) 351 Ramsay St.
5. Full Name of Mother Mrs. Steinberger
6. Mother's Maiden Name Mrs Kesler
7. Mother's Birthplace Bavaria Germany
8. Full Name of Father Jacob Steinberger
9. Father's Occupation Paper
10. Father's Birthplace Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return. Mrs. Hilles
Address 57 Smallwood St.
Remarks

RETURN OF A BIRTH.

11 21821
2H 822

HEALTH DEPARTMENT
MAY 15 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	2 Female at one Birth
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 12th
4. *Place of Birth (Street and Number)*	No 47 Pierpoint st
5. *Full Name of Mother*	Eliza Eaton
6. *Mother's Maiden Name*	Eliza Welch
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	William Eaton
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Eliza Flemming
Address	95 Albemarle st
Remarks	both are healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24823

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Birth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12. 1878
4. Place of Birth (Street and Number)	No. 60 S. Castle St.
5. Full Name of Mother	Mrs. ~~Hannah~~ Katie Meyers
6. Mother's Maiden Name	Katie McGinley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Meyers
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. D. Bitler M.D.
Address	No. 340 E. Pratt St.
Remarks	

address at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2182114

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) no 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May the 12
4. *Place of Birth (Street and Number)* Mill mul st 24
5. *Full Name of Mother.* Mary Sidb Sorn
6. *Mother's Maiden Name* mary Sittson
7. *Mother's Birthplace* ner gin ia
8. *Full Name of Father* Johon Sim son
9. *Father's Occupation* aisters Settlem
10. *Father's Birthplace* ner gin ia

Name of Medical Attendant, or other Person who makes this return Elis Betts post

Address no 9 yongs Court

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24825

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 11

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 12th 1878.
4. *Place of Birth (Street and Number)* 217 Park St.
5. *Full Name of Mother* Carolina Hahn
6. *Mother's Maiden Name* Carolina Buchreis.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* John Hahn
9. *Father's Occupation* Restaurant.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return, Mrs. M. Amend.

Address No 137 Wolfe st

Remarks C H

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24826

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	May 12th 1878
4. Place of Birth (Street and Number)	No. 788 W. Pratt St
5. Full Name of Mother	Margaret Salmon
6. Mother's Maiden Name	Ryan
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Anthony Salmon
9. Father's Occupation	Station Baggage Master
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Louis M. Knight M.D.
Address	112 N Greene St
Remarks	

RETURN OF A BIRTH.

24827

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
14
1878
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 12th 1878
4. Place of Birth (Street and Number)	No. 93 Thames St.
5. Full Name of Mother	Barbara Lorenz
6. Mother's Maiden Name	do Allein
7. Mother's Birthplace	Germany
8. Full Name of Father	Franz Lorenz
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	Italy
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Mansfield
Address	117 S. Broadway
Remarks	

adress at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24828

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 13th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 12th 1878.
4. *Place of Birth (Street and Number)* 68 Durham St.
5. *Full Name of Mother* B. Koshtchinsky.
6. *Mother's Maiden Name* B. Dittman.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* M. Koshtchinsky
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Jas H. Amend.

Address N. 137 Wolfe St

Remarks C. H.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2118 29

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Boy.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Mai. 12. 1878.
4. *Place of Birth (Street and Number)* City of Baltimore. 87 Fremont St.
5. *Full Name of Mother* Mary Hagen
6. *Mother's Maiden Name* Mary Herbert
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John, B. Hagen.
9. *Father's Occupation*
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mr. Hebark. Mitwife.

Address 497 West Pratt St

Remarks

RETURN OF A BIRTH.

24830

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the first

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* May 12 th 1878
4. *Place of Birth (Street and Number)* 30 West Pratt St
5. *Full Name of Mother* Bertha Lauber
6. *Mother's Maiden Name* Bertha Wigand
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Lauber
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Seibach

Address Pratt St & 439 West Pratt St

Remarks

RETURN OF A BIRTH.

24831

HEALTH DEPARTMENT
MAY
15
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 May
4. Place of Birth (Street and Number)	No 2 Forrest Place
5. Full Name of Mother	Catharine Lelan
6. Mother's Maiden Name	Finnotty
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Lelan
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula Flannigan
Address	No 7 Forrest Place
Remarks	

Physicians and Midwives are required by law to report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21832

HEALTH DEPARTMENT
MAY 21 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female 1st child
1. Sex (state whether Male or Female)	in Baltimore
2. Race or Color (if not of the white race)	it is white Race
3. Date of Birth	12 May 1878
4. Place of Birth (Street and Number)	Baltimore not given Co. No. 7
5. Full Name of Mother	Mary Neuschel
6. Mother's Maiden Name	Mary Simon
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Jno Simon
9. Father's Occupation	Tailor
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kuptisch
Address	662 Washington pl.
Remarks	Baltimore Md.

RETURN OF A BIRTH.

24833

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 12th 1878
4. *Place of Birth (Street and Number)*	No 156 Duncan Alley
5. *Full Name of Mother*	Mary Ebrett
6. *Mother's Maiden Name*	Mary Paul
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	George H. Ebrett.
9. *Father's Occupation*	Can. Smaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A Allwell
Address	286 ct Donough st
Remarks	

RETURN OF A BIRTH.

D 148311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

THE BOARD OF HEALTH
19
1878
BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sunday May 12th 6 o'clock P.M.
4. *Place of Birth (Street and Number)*	315 N. Bond Street
5. *Full Name of Mother*	F. E. Schaur
6. *Mother's Maiden Name*	F. E. Armiger
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Chas. Schaur
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Dr. Chas. Wm. Gehrmann
Address	N. Broadway Baltimore
Remarks	

Parents are required, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24835

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 13 1878
4. Place of Birth (Street and Number)	Wilhelm st No 51 Baltimore
5. Full Name of Mother	Agnes Pickell
6. Mother's Maiden Name	Agnes Meiser
7. Mother's Birthplace	Baltimore MD U S
8. Full Name of Father	Robert L Pickell
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Fruchtenicht
Address	No 288 Ramsay st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24836

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13th 78
4. Place of Birth (Street and Number)	Scott st Extended
5. Full Name of Mother	Mrs Otilia Burry
6. Mother's Maiden Name	Mrs Otilia Dorman
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Christopher Burry
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

...ulvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21837

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child
1. Sex (state whether Male ~~or Female~~) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 13th 1878
4. Place of Birth (Street and Number) 341 E. Fayette st.
5. Full Name of Mother Nellie Scally
6. Mother's Maiden Name Nellie Cushley
7. Mother's Birthplace Balto. City
8. Full Name of Father John Scally
9. Father's Occupation Dealer in Hosiery &c.
10. Father's Birthplace Belfast Ireland
Name of Medical Attendant, or other Person who makes this Return. John F. Monmonier M.D.
Address South East Calvert & Read sts.
Remarks

Any Physician, Midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24838

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
2
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23d May 1878
4. Place of Birth (Street and Number)	18 Orleans St
5. Full Name of Mother	Susanna Lemmer
6. Mother's Maiden Name	Susanna Hoerter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Herman L. Lemmer
9. Father's Occupation	Tailor
10. Father's Birthplace	Minden (Germany)
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. Holtzman M. D.
Address	120 East St. Baltimore
Remarks	

[illegible] any physician, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24839

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
DEC 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 15 1878
4. Place of Birth (Street and Number)	276 Light St
5. Full Name of Mother	Sadie Daniels
6. Mother's Maiden Name	Sadie Neal
7. Mother's Birthplace	Va
8. Full Name of Father	Chas Daniels
9. Father's Occupation	Baboon Keeper
10. Father's Birthplace	N Y
Name of Medical Attendant, or other Person who makes this Return.	Wm Goble MD
Address	17 Warren av
Remarks	

advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2148 1.6

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUN 8 1878

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	May 13th 1878.
4. *Place of Birth (Street and Number)*	108 N. Eden St.
5. *Full Name of Mother*	Ottilie Walter.
6. *Mother's Maiden Name*	Cammel.
7. *Mother's Birthplace*	Philadelphia
8. *Full Name of Father*	John P. Walter.
9. *Father's Occupation*	Bookkeeper.
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Cutt.
Address	185 Central Ave. cor Monument St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24841

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex* (state whether Male or Female) male
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* May 13 1878
4. *Place of Birth* (Street and Number) No. 35 Saratoga St.
5. *Full Name of Mother* Emma Kennedy
6. *Mother's Maiden Name* Emma Keller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Timothy J. Kennedy
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jno. C. Harris M.D.

Address No. 361 Lexington St.

Remarks Child living, well, and weighed nine and one half pounds at birth.

RETURN OF A BIRTH.

21842

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 13th 1878.
4. *Place of Birth (Street and Number)*	381 Alice Anna St.
5. *Full Name of Mother*	M. R. Fleishman.
6. *Mother's Maiden Name*	M. Riehler.
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	M. Fleishman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto
Name of Medical Attendant, or other Person who makes this return	Mr Mary E Simms
Address	
Remarks	203 N Washington Ave

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2115113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	[redacted]
3. Date of Birth	May 13th 1879
4. Place of Birth (Street and Number)	13 Bank St
5. Full Name of Mother	Mary Wright
6. Mother's Maiden Name	Mary F. Wright
7. Mother's Birthplace	United States
8. Full Name of Father	William Wright
9. Father's Occupation	Engineer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Barber
Address	52 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

21-8444

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 15th 1878
4. *Place of Birth (Street and Number)*	No 93½ South Street
5. *Full Name of Mother*	Mary Mayberger
6. *Mother's Maiden Name*	Mary Hunter
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Frank Mayberger
9. *Father's Occupation*	Shoe Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	A. Schantz
Address	No 171 Lee Street
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

214815

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13 May "78
4. Place of Birth (Street and Number)	Fremont St " 573
5. Full Name of Mother	Josephine S. Purnell
6. Mother's Maiden Name	Josephine S Reuster
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Isaac M Purnell
9. Father's Occupation	Salesman
10. Father's Birthplace	Worcester County Md.
Name of Medical Attendant, or other Person who issued this Return.	Nathaniel Stewart M D
Address	
Remarks	

Advice at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

21184-6

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. BALTIMORE MAY 16 1878

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 13 th 1878
4. Place of Birth (Street and Number)	618 Clemen st
5. Full Name of Mother	Friedricke Schramm
6. Mother's Maiden Name	Conrad
7. Mother's Birthplace	America
8. Full Name of Father	Louis Schramm
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Tobyaszek midwife
Address	215 Cross st.
Remarks	

RETURN OF A BIRTH.

~~24 8 44~~
24147

HEALTH DEPARTMENT
MAY 16 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 15th 1878
4. Place of Birth (Street and Number)	28 N. Carrollton Avenue
5. Full Name of Mother	Eliza J. Britton
6. Mother's Maiden Name	Eliza J. Mowry
7. Mother's Birthplace	Kent Co. Md.
8. Full Name of Father	Edgar B. Britton
9. Father's Occupation	Physician
10. Father's Birthplace	Millington, Md.
Name of Medical Attendant, or other Person who makes this Return.	E. B. Britton M.D.
Address	28 N. Carrollton Ave.
Remarks	Child in apparent health
	May 17th 1878

adrise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24844
2484 8

HEALTH DEPARTMENT
MAY 16 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 13th 1878
4. *Place of Birth (Street and Number)* No 184 South Howard St
5. *Full Name of Mother* Martha Tibby
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City Md
8. *Full Name of Father* Samuel Tibby
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto City Md

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley 16 71 Burgundy Alley

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24849

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 13th 1878

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* May 13
4. *Place of Birth (Street and Number)* [redacted] Barguscoal
5. *Full Name of Mother* Mrs Sarah Hest
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Mr Thomas Hest
9. *Father's Occupation* Color
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address Westside Mrs Ellen Stubbs

Remarks

RETURN OF A BIRTH.

21850

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) ~~Male~~ Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12th May 1878

4. Place of Birth (Street and Number) Potomac St

5. Full Name of Mother Margt Nicholson

6. Mother's Maiden Name Margt Tracy

7. Mother's Birthplace Ireland

8. Full Name of Father Wm H Nicholson

9. Father's Occupation Moulder

10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullivan

Address 204 Bunting st East

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21857

HEALTH DEPARTMENT MAY 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 13th 1878
4. *Place of Birth (Street and Number)*	292 Light St
5. *Full Name of Mother*	Eliz A Jenkins
6. *Mother's Maiden Name*	Eliz A Crowley
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	Wm H Jenkins
9. *Father's Occupation*	Upholsterer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Motz M.D.
Address	
Remarks	

2,11852

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. MAY 14 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, ~~(state whether 1st, 2d, 3d, &c.)~~ 5th

1. Sex (~~state whether Male or~~ Female) "

2. Race or Color (~~if not of the white race~~) "

3. Date of Birth May, 13th 1878. 7 A.M.

4. Place of Birth (Street and Number) 123 South Exeter St

5. Full Name of Mother Catherine E. Bruster

6. Mother's Maiden Name " " Kearns

7. Mother's Birthplace Baltimore

8. Full Name of Father John M. Bruster

9. Father's Occupation River Union Transfer Company

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. Fred Shertzer M.D.

Address 11 S. Hanover St

Remarks

RETURN OF A BIRTH.

24853

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13th 1878
4. Place of Birth (Street and Number)	# 18 E Monument
5. Full Nome of Mother	Mary Amanda Healy
6. Mother's Maiden Name	Welch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Michael Healy
9. Father's Occupation	Plumber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

2148 54

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, a full report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	May 13th 1878
4. *Place of Birth (Street and Number)*	Gough St N. 71
5. *Full Name of Mother*	Elisabeth Eichhorn
6. *Mother's Maiden Name*	" Heisberg
7. *Mother's Birthplace*	Prussia Europe
8. *Full Name of Father*	William Eichorn
9. *Father's Occupation*	Labourer
10. *Father's Birthplace*	Prussia Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Kelly
Address	48 Holland St City
Remarks	

21855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPT. JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth May 13th 1878.
4. Place of Birth (Street and Number) No 502. Highlandtown Balto County
5. Full Name of Mother Barbara Rosh.
6. Mother's Maiden Name Barbara Hoffmann.
7. Mother's Birthplace Germany.
8. Full Name of Father Michall Rosh.
9. Father's Occupation Beer. Brewer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Wind Hillegast.

Address 182. Monument st.

Remarks

adries at the birth of any child, within the City of Baltimore, shall report to the ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No. 24856

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 13th 1878
4. Place of Birth (Street and Number)	do 516 Light St.
5. Full Name of Mother	Annie Jeans
6. Mother's Maiden Name	Annie Brosher
7. Mother's Birthplace	Germany
8. Full Name of Father	John Brosher
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 106 West St.
Remarks	

RETURN OF A BIRTH.

21857

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18th of May.
4. *Place of Birth (Street and Number)* 19 Decker St.
5. *Full Name of Mother* Catharine O'Brien
6. *Mother's Maiden Name* Knapp
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Henry O'Brien
9. *Father's Occupation* Hostler.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Charlotte E. Tosby

Address 319 Cathedral St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24858

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 13th 1878
4. *Place of Birth (Street and Number)*	926 S. Bethel Court
5. *Full Name of Mother*	Martha Rutgers
6. *Mother's Maiden Name*	" Richardson
7. *Mother's Birthplace*	Wales
8. *Full Name of Father*	Charley Rutgers
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Sweden
Name of Medical Attendant, or other Person who makes this return	James F. [illegible] M.D.
Address	61 S. Broadway
Remarks	

WM. J. C. McLANE & CO. CITY PRINTERS AND STATIONERS.

...ative at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24859

HEALTH DEPARTMENT
MAY
17
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 14th. 1878.
4. *Place of Birth (Street and Number)* 646 W. Lombard Street.
5. *Full Name of Mother* Emma Virginia Deed.
6. *Mother's Maiden Name* Gorter.
7. *Mother's Birthplace* Baltimore. Md.
8. *Full Name of Father* George A. Deed.
9. *Father's Occupation* Marine Engineer.
10. *Father's Birthplace* Frederick County Md.

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winnebrenner

Address No 23 N. Liberty St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...alivisse at the birth of any child, within the City of Baltimore, shall report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 14 May 1878
4. *Place of Birth (Street and Number)* 80 Wicker st
5. *Full Name of Mother* Jennie Gleesner
6. *Mother's Maiden Name* " Gantz
7. *Mother's Birthplace* Pa
8. *Full Name of Father* Robt Gleesner
9. *Father's Occupation* R R Employé
10. *Father's Birthplace* Pa

Name of Medical Attendant, or other Person who makes this Return. A L Tompkins

Address 129 N Bridle

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24861

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 14 1878
4. Place of Birth (Street and Number)	Baltimore Cale st No 4
5. Full Name of Mother	Catharine Elizy Nardin
6. Mother's Maiden Name	Catharin Elizy grammar
7. Mother's Birthplace	France
8. Full Name of Father	george Fredrick Nardin
9. Father's Occupation	Stone Mason
10. Father's Birthplace	France
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Trechsger
Address	288 Bancy st
Remarks	

RETURN OF A BIRTH.

24869

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) wh. b
3. Date of Birth Mon 14. 1878
4. Place of Birth (Street and Number) N. Register 40 55
5. Full Name of Mother Gertrud Schoplein
6. Mother's Maiden Name Wagner
7. Mother's Birthplace Baltimore
8. Full Name of Father Karl Schoplein
9. Father's Occupation Polsterer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Bomgach

Address N. Wolfe St 28

Remarks Midwife

RETURN OF A BIRTH. 24863

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	10 th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	March the 14 th 1878!
4. Place of Birth (Street and Number)	No 1145 Spring St.
5. Full Name of Mother	C. Killmeier.
6. Mother's Maiden Name	C. Bruhe.
7. Mother's Birthplace	Wurtemburg
8. Full Name of Father	Conrad Killmeier
9. Father's Occupation	Tailor.
10. Father's Birthplace	Wurtemburg Ger
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. F. Bull
Address	No 185 S.E. cor. Monument St. & Centre Sts.
Remarks	Well.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

248614

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1978 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14th May
4. *Place of Birth (Street and Number)* 412 S Broadway
5. *Full Name of Mother* Lena Jung
6. *Mother's Maiden Name* Endl
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob Jung
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Cathum Selbach. M.D. 439 West Pratt St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No. 24865

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14th
4. Place of Birth (Street and Number)	291 W. Pratt St.
5. Full Name of Mother	Gertrude Doench
6. Mother's Maiden Name	Heine
7. Mother's Birthplace	Prussia
8. Full Name of Father	George Doench
9. Father's Occupation	Shoe-maker
10. Father's Birthplace	Kur-hessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	324 S Eutaw St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21866

HEALTH DEPARTMENT MAY 15 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 1st
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 14th
4. *Place of Birth (Street and Number)*	No 9 Slemmers Alley
5. *Full Name of Mother*	Anne Kelly
6. *Mother's Maiden Name*	Anne Morlan
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Micheal Kelly
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Eliza Flemming
Address	No 95 Albemarle St
Remarks	Healthy

Attests the birth of any child, within the City of Baltimore, shall report to the Registrar of Vitals, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24867

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

ndvise at the birth of any child, within the City of Baltimore, shall report to the ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 14
4. Place of Birth (Street and Number)	13 N. Stricker St.
5. Full Name of Mother	Augusta Hanson
6. Mother's Maiden Name	Adams
7. Mother's Birthplace	Balt.
8. Full Name of Father	Frank Hanson
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return	H. W. Wilson
Address	257 Madison Ave.
Remarks	

RETURN OF A BIRTH.

24865

HEALTH DEPT
MAY
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Still 6
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	14th May.
4. *Place of Birth (Street and Number)*	No. 129 Canton Av.
5. *Full Name of Mother*	Augusta Passinger Burg.
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Brunswick Germany.
8. *Full Name of Father*	Benj. Passinger.
9. *Father's Occupation*	Teller
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Lucia Wiley
Address	112 Canton Park Ave
Remarks	

...ative to the Registration of Births, within the City of Baltimore, shall require the Physician, Midwife or other person who shall attend upon or visit at the birth of any child, within the City of Baltimore, shall require the Physician, Midwife or other person who shall attend upon or visit at the birth of any child, within the City of Baltimore, shall require the Physician, Midwife or other person who shall attend upon or visit at the birth of any child, within the City of Baltimore, shall require the Physician, Midwife or other person who shall attend upon or visit at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24869

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, and require the person giving such notice within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 1
1. Sex (state whether Male or Female)	5 female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 14 1878
4. Place of Birth (Street and Number)	Stricker St 191 Baltimore
5. Full Name of Mother	Catharine ~~Grace~~ grace
6. Mother's Maiden Name	Catharine Lyons
7. Mother's Birthplace	germany
8. Full Name of Father	Christian grace
9. Father's Occupation	brick layer
10. Fother's Birthplace	germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs S Trachsel
Address	N 288 Ramsey St Baltimore
Remarks	

RETURN OF A BIRTH.

21870

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	
3. Date of Birth	May 14 1878
4. Place of Birth (Street and Number)	586 N. Bond St
5. Full Name of Mother	Mary A. Timms
6. Mother's Maiden Name	Cowell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thos. Timms
9. Father's Occupation	Mechanic
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. L. Sinclair
Address	379 N. Eutaw St
Remarks	

...dress at the birth of any child, within the City of Baltimore, ... days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24871

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colord
3. *Date of Birth*	May 14. 1878
4. *Place of Birth (Street and Number)*	Balto 2[illegible] Dutch alley
5. *Full Name of Mother*	Eliza Rouckey
6. *Mother's Maiden Name*	Eliza Anderson
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joseph Rouckey
9. *Father's Occupation*	Brick Moulder
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Lizzie Hunt
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ailure at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21872

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14th
4. Place of Birth (Street and Number)	Baltimore No 10 Shroeder st
5. Full Name of Mother	Mary Louisa Klein
6. Mother's Maiden Name	Mary Louisa Rapp
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	William Henry Klein
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Miss Dunbar
Address	60 Schroeder St
Remarks	

of the parents, and the maiden name of the mother of each child born alive.

RETURN OF A BIRTH.

24873

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE

ndrise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 14th 1878
4. Place of Birth (Street and Number)	No 419 Charles St
5. Full Name of Mother	Bettie Griffith
6. Mother's Maiden Name	Bettie Ewing
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Griffith
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Glover
Address	No 106 N. Exeter St.
Remarks	

RETURN OF A BIRTH.

21874

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 14th 1878
4. *Place of Birth (Street and Number)* 76 Block Alley
5. *Full Name of Mother* Elizabeth Kavanaugh
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Kavanaugh
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return James F. Thomas M.D.

Address 68 S. Broadway

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24875

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

When a child is born, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. Sex (state whether Male or Female)	female 1
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	15 may
4. Place of Birth (Street and Number)	164 Rickert court
5. Full Name of Mother	Martha Smith
6. Mother's Maiden Name	Martha Wright
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Edward Smith
9. Father's Occupation	oyster shucker
10. Father's Birthplace	Sumter st county
Name of Medical Attendant, or other Person who makes this Return.	ap more pater Hegarne
Address	120 Shop st
Remarks	

RETURN OF A BIRTH.

24876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

advise at the birth of any child, within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 15-th
4. *Place of Birth (Street and Number)*	54 Fremont
5. *Full Name of Mother*	Mary A. Frederick
6. *Mother's Maiden Name*	" " McMillard
7. *Mother's Birthplace*	Balt.
8. *Full Name of Father*	Henry C. Frederick
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Carroll Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	H. F. Hill M.D.
Address	N. E. Cor. Fremont & Mulberry Sts
Remarks	

RETURN OF A BIRTH.

24877

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	15th of May
4. *Place of Birth (Street and Number)*	William St N° 135.
5. *Full Name of Mother*	Mary Lahey
6. *Mother's Maiden Name*	Mary Roach.
7. *Mother's Birthplace*	Baltimor
8. *Full Name of Father*	John Lahey
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Baltimor
Name of Medical Attendant, or other Person who makes this return	Sabina Grishaber
Address	N° 135 West Pratt Street
Remarks	

I declare at the birth of any child, within the City of Baltimore, I will report the same to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 17 1878

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth May 15th 1878.
4. Place of Birth (Street and Number) 115 Ann St S.W. Corner Gough st
5. Full Name of Mother Martha Ann Airy.
6. Mother's Maiden Name Martha A. Bingon,
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father James Cooper Airy.
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell

Address 207 S. Broadway.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 27
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 15 1878
4. Place of Birth (Street and Number)	55 William St
5. Full Name of Mother	Josephine Beauchamp
6. Mother's Maiden Name	Josephine Lambert
7. Mother's Birthplace	Me
8. Full Name of Father	Col. St. George Beauchamp
9. Father's Occupation	Manner
10. Father's Birthplace	Me
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D.
Address	17 Penn ave
Remarks	

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24880

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	eleventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	fifteenth of May 1878
4. Place of Birth (Street and Number)	173 Cross Street
5. Full Name of Mother	Catherine Dohl
6. Mother's Maiden Name	[illegible] Kettler
7. Mother's Birthplace	Marburg hessen
8. Full Name of Father	Franz Dohl
9. Father's Occupation	tailor
10. Father's Birthplace	Marburg hessen
Name of Medical Attendant, or other Person who makes this Return.	
Address	M. S. Streng
Remarks	No 32 Lieutenant Street

RETURN OF A BIRTH.

24881

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, and within two days thereafter, and within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Two
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W. Child
3. Date of Birth	May 18th 1878
4. Place of Birth (Street and Number)	1 Preston St-
5. Full Name of Mother	Minnie Wigginton
6. Mother's Maiden Name	Rees
7. Mother's Birthplace	Balto
8. Full Name of Father	Benj: F Wigginton
9. Father's Occupation	Stevedore
10. Father's Birthplace	Mass
Name of Medical Attendant, or other Person who makes this Return.	R. B. Barker
Address	" 15- Madison St
Remarks	

RETURN OF A BIRTH.

21882

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 of May
4. *Place of Birth (Street and Number)* N. 140 Hughes St.
5. *Full Name of Mother* Mari Kaltenbach
6. *Mother's Maiden Name* Mari Wagner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John A Kaltenbach
9. *Father's Occupation* Glass Cutter
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Selina Geisbahr

Address N. 128 West St Baltimore Md

Remarks

adviser at the birth of any child within the city of Baltimore, shall, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2,11-883

HEALTH DEPARTMENT MAY 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Advise at the Office of any child, within ~~ten~~ six days after birth, and return within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	1st
1. Sex (~~state whether Male or Female~~)	
2. Race or Color (~~if not of the white race~~)	
3. Date of Birth	May, 15th 1878 6.10 pm,
4. Place of Birth (Street and Number)	166 S. Eutaw
5. Full Name of Mother	Annie E. Knight
6. Mother's Maiden Name	" " Cooper
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo. W. Knight
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	A. Gregg Sherfey M.D.
Address	
Remarks	Visited by Dr. Geo. W. Hayden

RETURN OF A BIRTH.

24-8811

HEALTH DEPT. MAY 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Note, in all cases of illegitimate births, whether born in or out of wedlock, the full name, residence, and color of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	May 15 — 1878
4. Place of Birth (Street and Number)	104 Hanover St —
5. Full Name of Mother	Ann Rosell Driscoll
6. Mother's Maiden Name	Pasey
7. Mother's Birthplace	Queens Co Miss
8. Full Name of Father	John Driscoll
9. Father's Occupation	Ban-Tender
10. Father's Birthplace	Cork Ireland
Name of Medical Attendant, or other Person who makes this Return.	N. Latrem M.D.
Address	89 Mulberry St
Remarks	

RETURN OF A BIRTH.

21885

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

advise at the Office of any error, within the City, in the particulars required within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored Race
3. *Date of Birth* may the 15-18 78
4. *Place of Birth (Street and Number)* 165 Eutaw st bet Lo & Ba Baltimore md
5. *Full Name of Mother* Mandy Butler
6. *Mother's Maiden Name* Mandy Nicklos
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* B Butler
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return Lucinda Walford

Address No 130 Regester St Baltimore

Remarks

RETURN OF A BIRTH.

21886

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MAY 21 1878

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 amaly 3d Child

1. *Sex (state whether Male or Female)* Baltimore Mad
2. *Race or Color (if not of the white race)* It is White Race
3. *Date of Birth* 15 May 1878
4. *Place of Birth (Street and Number)* Baltimore Born St No 26
5. *Full Name of Mother* Mary Eulalie
6. *Mother's Maiden Name* Mark Werner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Werner
9. *Father's Occupation* Saloon
10. *Father's Birthplace* Bahama

Name of Medical Attendant, or other Person who makes this Return. Mary Kuptis

Address

Remarks

RETURN OF A BIRTH.

2.11887

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child 2d Mother 1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May Month 15th 1878
4. Place of Birth (Street and Number)	Baltimore. St Peter St. No 12
5. Full Name of Mother	Virginia Rumney
6. Mother's Maiden Name	Virginia Wrigley
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robert Rumney
9. Father's Occupation	Locomotive Fireman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Miss Tedman
Address	
Remarks	

21888

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* May 16.
4. *Place of Birth (Street and Number)* Walker street No 60 Baltimore
5. *Full Name of Mother* Lizzie kinny
6. *Mother's Maiden Name* Lizzie scott
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George kenny
9. *Father's Occupation* Brick yard
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Ann Downey

Address Elbow, Lane. 108.

Remarks five dollars

advise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2,14889

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16 May
4. *Place of Birth (Street and Number)* 10 Chapel Ct
5. *Full Name of Mother* Frau Rhena
6. *Mother's Maiden Name* Cuark
7. *Mother's Birthplace* Wrdau Bohemia
8. *Full Name of Father* Franz Rhena
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Tuchow Bohemia

Name of Medical Attendant, or other Person who makes this Return. G. Conrad

Address 20 Barnes St

Remarks

Advise at the birth of any child, within the city's limits, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24870

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, if colored born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5 Th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 th May 1878
4. Place of Birth (Street and Number)	No 39. Lancaster St.
5. Full Name of Mother	Barbra Nelson.
6. Mother's Maiden Name	Barbra Elert
7. Mother's Birthplace	Bavaria Germany.
8. Full Name of Father	Fred. Nelson.
9. Father's Occupation	Fireman
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Wm M. J. Bill.
Address	No. 185 S. E. cor. Central av. & Monument
Remarks	Well

RETURN OF A BIRTH.

21891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 16th 1879
4. Place of Birth (Street and Number)	32 Pratt St
5. Full Name of Mother	Eliza Poler
6. Mother's Maiden Name	" Liperd
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Poler
9. Father's Occupation	Carriage Trimmer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Lasher
Address	52 E Lombard St
Remarks	

arise at the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24892

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1892 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex (state whether Male or Female)*	Male ~~Boy~~
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	16 of May
4. *Place of Birth (Street and Number)*	N. 246 Battery Avenue
5. *Full Name of Mother*	Sophia Alley
6. *Mother's Maiden Name*	Sophia Müller
7. *Mother's Birthplace*	Hanover.
8. *Full Name of Father*	John Alley
9. *Father's Occupation*	Shumaker
10. *Father's Birthplace*	Baiern
Name of Medical Attendant, or other Person who makes this return	Sabina Grisharber
Address	28 West st. Balt md.
Remarks	~~no~~

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, etc or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24893

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 10th 1878
4. *Place of Birth (Street and Number)*	No 476 Penn Ave
5. *Full Name of Mother*	Lettie Meyer
6. *Mother's Maiden Name*	Lilly Kaskemeier
7. *Mother's Birthplace*	Penn
8. *Full Name of Father*	Louis Meyer
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this return	Elizabeth Jennett
Address	No 476 Penn Ave
Remarks	

advise at the birth of any child, within the City of Baltimore, shall register the same at the Registry Office within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

248914

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th May 1878
4. *Place of Birth (Street and Number)* Baltimore 291 Bank st.
5. *Full Name of Mother* Sarah E. Keenan
6. *Mother's Maiden Name* Sarah E. Weeks.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John M. Keenan.
9. *Father's Occupation* Oyster Packer.
10. *Father's Birthplace* Williamsburg L. I.

Name of Medical Attendant, or other Person who makes this return Mary Cannon.

Address 153 Collington Ave.

Remarks

advise at the birth of any child, within the city limits, the full name, sex and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21895

HEALTH DEPARTMENT MAY 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 16th 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 16th 1878.
4. *Place of Birth (Street and Number)* 255 New Alice Anna st.
5. *Full Name of Mother* Lizzie Fleischmann.
6. *Mother's Maiden Name* Lizzie Reid.
7. *Mother's Birthplace* America.
8. *Full Name of Father* George Fleischmann.
9. *Father's Occupation* Labourer.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks M.

Revise at the Birth of any Child. Physicians and Midwives are required by law to report to the Health Department of Baltimore City, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24896

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 16. 1878
4. *Place of Birth (Street and Number)* 233 E. Madison St.
5. *Full Name of Mother* Luise Sikman
6. *Mother's Maiden Name* Luise Sachs
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Fidrich Sikman
9. *Father's Occupation* Kabender
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Maxie R. Rudiger

Address 134 N. Bond Street

Remarks

Any one at the birth of any child, within the space of within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24897

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City, the following particulars, and the color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16th 1878
4. Place of Birth (Street and Number)	142 Burgundy Alley
5. Full Name of Mother	Francis Stricker
6. Mother's Maiden Name	Francis George
7. Mother's Birthplace	South Carolina
8. Full Name of Father	John Stricker
9. Father's Occupation	Factor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

RETURN OF A BIRTH.

24898

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	16 of May
4. *Place of Birth (Street and Number)*	6 Skinner alley
5. *Full Name of Mother*	Mary Killcomen
6. *Mother's Maiden Name*	Mary Feeney
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Patrick Killcomen
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Dr. Eliza Fleming
Address	95 Albemarle St
Remarks	Baltimore Md

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24899

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 of May 1878
4. Place of Birth (Street and Number)	No 20 Washington st
5. Full Name of Mother	Margt Emma Hardy
6. Mother's Maiden Name	Hall
7. Mother's Birthplace	Seaford Del
8. Full Name of Father	Georgt W Hardy
9. Father's Occupation	Canmaker
10. Father's Birthplace	Seaford Del
Name of Medical Attendant, or other Person who makes this Return.	Sarah Harrington
Address	No. 339 Canton ave
Remarks	

of the parents, and the maiden name of the mother's mother.

RETURN OF A BIRTH.

24900

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 16th 1878
4. *Place of Birth (Street and Number)* No 4 262 Chase st
5. *Full Name of Mother* Elizabeth Krueger
6. *Mother's Maiden Name* Elizabeth Kuhtz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Anton Krueger
9. *Father's Occupation* Lager Beer Saloon
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Hein F. Ilbrigt

Address 182 Monument st

Remarks

—

a true and correct account of every child born within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24901

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* White Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 16th 9.30 P.M. 1878. Girl

4. *Place of Birth (Street and Number)* 288 E. Pratt St.

5. *Full Name of Mother* M. C. Hoey

6. *Mother's Maiden Name* M. C. O'Neil

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Michael Hoey

9. *Father's Occupation* Fireman on Steam Boat

10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 219 E. Baltimore St.

Remarks

Parents are required to have the name, if determined, the date of birth, sex, and color of the child or children born alive within six days thereafter, stating distinctly whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

24902

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 17th 1878
4. *Place of Birth (Street and Number)* No 89 S. Broadway
5. *Full Name of Mother* Dina Rauh
6. *Mother's Maiden Name* " Kuntz
7. *Mother's Birthplace* City
8. *Full Name of Father* Geo G Rau
9. *Father's Occupation* Tailor
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elz. Bushman

Address 120 Bank st

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21903

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether ~~Male or~~ Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 6 a. m. 17th May, 1878.

4. Place of Birth (Street and Number) No 106 Scott St Baltimore City.

5. Full Name of Mother Mary Ellen Mc Phail

6. Mother's Maiden Name Mary Ellen Barnett

7. Mother's Birthplace Rdwoor County - Virginia

8. Full Name of Father Andrew Gordon Mc Phail

9. Father's Occupation

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who Makes this Return. Wm. J. Worth M.D.

Address 148 N. Howard St

Remarks

Advise at the Birth of any Child whom you may attend, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24904

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth May 17th 78

4. Place of Birth (Street and Number) N. E. cor. Park Ave & Biddle St.

5. Full Name of Mother Mary Gallagher

6. Mother's Maiden Name Mary Kavanagh

7. Mother's Birthplace Belfast Ireland

8. Full Name of Father Mr. Gallagher

9. Father's Occupation Grocery Store &c.

10. Father's Birthplace Londonderry Ireland

Name of Medical Attendant, or other Person who makes this Return. John B. Monmonier M.D.

Address S. W. cor. Calvert & Read sts.

Remarks

advise at the birth of any child, within the city, and the city, and within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214905

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 17 May 1878

4. *Place of Birth (Street and Number)* 82 N. Central Av

5. *Full Name of Mother* Lilla Siebert

6. *Mother's Maiden Name* Young

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Fredrich Siebert

9. *Father's Occupation* Tailor

10. *Father's Birthplace* ~~Prussia~~ Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrude Miller

Address 151 E. Pratt St.

Remarks

Blanks are to be filled out by nearest relative present at the birth, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24906
24907

HEALTH DEPARTMENT
MAY
25
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twins: 11th Children

1. *Sex (state whether Male or Female)* One Male & one Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 17th 78
4. *Place of Birth (Street and Number)* Back alley No 13.
5. *Full Name of Mother* Eliza Barton
6. *Mother's Maiden Name* Eliza Jackson
7. *Mother's Birthplace* West River Md.
8. *Full Name of Father* Levin Barton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Cambridge Md

Name of Medical Attendant, or other Person who makes this return Sarah J. Wilson

Address 252 Hughes St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1 e

RETURN OF A BIRTH.

24908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Born

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 17 of May
4. *Place of Birth (Street and Number)* No 12 Etna alley
5. *Full Name of Mother* Maggie Barry
6. *Mother's Maiden Name* Maggie Miller
7. *Mother's Birthplace* In Baltimore
8. *Full Name of Father* Charles Barry
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Carrol county Westminster

Name of Medical Attendant, or other Person who makes this return

Address

Remarks No 26 [illegible]

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2-4-907

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 15 May 1878
4. *Place of Birth (Street and Number)* 16 N. Durham Alley
5. *Full Name of Mother* Lizzie Stewart
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Dr. Allen

Address Williams 16 N. Durham Alley

Remarks Mother and Child Doing well

advise at the birth of any child, within the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, or not, the full name, nativity, and residence of born, its or their physical condition, whether still born or not, the maiden name of the mother of such child or children. the parents, and the

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 24910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 17th
4. Place of Birth (Street and Number)	66 Wilmore Alley
5. Full Name of Mother	E. A. Day
6. Mother's Maiden Name	Williams
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Enoch Day.
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	H. Christian M.D.
Address	431 Penna. Ave
Remarks	

advise at the Birth of any Child, either Male or Female, born within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 17 of May
4. Place of Birth (Street and Number) No 318 Montgomery St.
5. Full Name of Mother Mary Schroeder
6. Mother's Maiden Name Mary Gezenhell
7. Mother's Birthplace Bavern
8. Full Name of Father John Schroeder
9. Father's Occupation Soldatier
10. Father's Birthplace Bavern

Name of Medical Attendant, or other Person who makes this return Sabina Grishaber

Address 128 West St. Baltimore.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...advantage of the Births of any Children ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

214912

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advise at the birth of any child. Physicians, Midwives, and other persons are required within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 17th 1878
4. Place of Birth (Street and Number)	175 W. Pratt St.
5. Full Name of Mother	Amelia Schaurb
6. Mother's Maiden Name	Amelia Schaurb
7. Mother's Birthplace	Prussia
8. Full Name of Father	John Schaurb
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant or other Person who makes this Return.	Mary Waller
Address	125 N. Eutaw
Remarks	Baltimore City

RETURN OF A BIRTH.

21913

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

Mother (state whether 1st, 2d, 3d, &c.)	one
ther Male or Female)	Male
r (if not of the white race)	White race
h	May the 14th
th (Street and Number)	Baltimore Fort av No 140
f Mother	Anney M Owens
iden Name	Anney M Mairs
thplace	Baltimore
of Father	Franklen Owens
upation	Water Man
thplace	Baltimore
Medical Attendant, or other Person who makes this Return	Elizabeth Mathews
	fort av No 140

advise at the birth of any child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24914

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 11th 1878
4. *Place of Birth (Street and Number)*	Gort St No 35.
5. *Full Name of Mother*	Christina Scheuber
6. *Mother's Maiden Name*	Christina Sundhof
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry J. Scheuber.
9. *Father's Occupation*	~~Grocery~~ Baker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Dorothea Bruno
Address	114 Bathy St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24915

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colord
3. Date of Birth ~~Baltimore~~ May 17 1878
4. Place of Birth (Street and Number) Baltimore 16 5th Place
5. Full Name of Mother Grace Smith
6. Mother's Maiden Name
7. Mother's Birthplace Annapolis
8. Full Name of Father
9. Father's Occupation Single
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return Lizzie Hurst

Address

Remarks

advise at the birth of any child, within one day, and of the death of any child within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24916

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Notice at the time of any birth, stating distinctly the date of birth, sex, and color of the child or children born within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 17 1878
4. *Place of Birth (Street and Number)* 199 Eutawstreet
5. *Full Name of Mother* Sara Adam Jungo
6. *Mother's Maiden Name* S A Gebhart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan H. Jungo
9. *Father's Occupation* Clark
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Maria R. Rodiger

Address 134 E Pondst

Remarks

RETURN OF A BIRTH.

24917

HEALTH DEPT
JUN 26 1878
BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

A wilful neglect to make any return required by this law within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 17th 1878
4. *Place of Birth (Street and Number)* No. 382 Gay St
5. *Full Name of Mother* Mary A. Hohenemser
6. *Mother's Maiden Name* Mary A. Lyckman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* H. R. Hohenemser
9. *Father's Occupation* Grocery Store.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Herd H. Negerit.

Address 162 Monument St

Remarks

RETURN OF A BIRTH.

21918

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 23 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 17 th 1878
4. Place of Birth (Street and Number)	No 47 Brown st
5. Full Name of Mother	Lina Raabe
6. Mother's Maiden Name	Bmerl
7. Mother's Birthplace	America
8. Full Name of Father	John Raabe
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return	J. Lohmann midwife
Address	213 Cross st
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21919

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 23 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 17th 1878
4. Place of Birth (Street and Number)	No 24 Elizabeth Lane
5. Full Name of Mother	Hannah Andrewson
6. Mother's Maiden Name	Hannah Wolf
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Andrewson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Hornet
Address	No 106 West st
Remarks	

advise at the Bureau of Vital Statistics, Baltimore City, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21920

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2d Child

1. Sex (*state whether Male or ~~Female~~*)
2. Race or Color (*if not of the white race*) White
3. Date of Birth May 16. 17. 1878.
4. Place of Birth (*Street and Number*) S. Ann. St. No 192
5. Full Name of Mother Ella Gehrmann
6. Mother's Maiden Name Ella Genzenbach
7. Mother's Birthplace Baltimore City
8. Full Name of Father Julius Gehrmann
9. Father's Occupation Bookkeeper
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

Notice at the Birth of any child, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

#24921

RETURN OF A BIRTH.

2192

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 18. 78.

4. Place of Birth (Street and Number) 424 W. Mulberry St

5. Full Name of Mother Amelia A. Boetler

6. Mother's Maiden Name Ostler

7. Mother's Birthplace Balto

8. Full Name of Father Geo M. Boetler

9. Father's Occupation Shoe filler

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this return Louis H. Eastman

Address 249 Lee

Remarks

advise at the birth of any child, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21933

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4tes Kind
1. *Sex (state whether Male or Female)*	Mädchen
2. *Race or Color (if not of the white race)*	Weiss
3. *Date of Birth*	geboren den 18ten Mai
4. *Place of Birth (Street and Number)*	No 268 Cow Lein Str
5. *Full Name of Mother*	Mari Coste
6. *Mother's Maiden Name*	Mari Beeke
7. *Mother's Birthplace*	England
8. *Full Name of Father*	Sehoan Coste
9. *Father's Occupation*	Handarbeiter
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this return	Friederike Kaufmann
Address	No 204 S. Dallas Str
Remarks	Hemme

...ative at the birth of any child. Physicians and midwives are required to report the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24921

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the time of any change, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th

1. *Sex* (*state whether Male or Female*) Female

2. *Race or Color* (*if not of the white race*)

3. *Date of Birth* May 18th 1878

4. *Place of Birth* (*Street and Number*) 168 Eutaw St

5. *Full Name of Mother* Mary Gross

6. *Mother's Maiden Name* " Hecht

7. *Mother's Birthplace* Baltimore City

8. *Full Name of Father* Leon Gross

9. *Father's Occupation* Cigar Packer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Annie Gilmanchelis

Address 220 Eutaw St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24925

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

Male or Female) No. female

(if not of the white race) Colord

May 18

(Street and Number) Parker St. 46

Mother Martha Ann Dephus

Name Martha Ann Jones

place Richmond Va

Father Jazues Edward Dephus

pation Brickmaker

place Baltimore Md.

ical Attendant, or other Person who makes this Return Chatzen Ryley

4 Parker St.

RETURN OF A BIRTH.

21926

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Children
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	Wht
3. *Date of Birth*	15th May 78
4. *Place of Birth (Street and Number)*	103 Fawn Way.
5. *Full Name of Mother*	Mary Hausman.
6. *Mother's Maiden Name*	Mary Shidler
7. *Mother's Birthplace*	Adams County Pennsylvania
8. *Full Name of Father*	Frederick Hausman.
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Baltimore.
Name of Medical Attendant, or other Person who makes this return	Alex Jamison. Marlin
Address	Well St No 14
Remarks	

All the above items are required by law, stating distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24927

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 21 1878
BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	18th " May 1878
4. Place of Birth (Street and Number)	№ 84 Felson Court
5. Full Name of Mother	Jamie Woods
6. Mother's Maiden Name	" Thomson
7. Mother's Birthplace	Anne Arundel County
8. Full Name of Father	Thomas Woods
9. Father's Occupation	Work Carrier
10. Father's Birthplace	Charles County
Name of Medical Attendant, or other Person who makes this Return.	Pamelia Blake
Address	69 Carlton St.
Remarks	the Child is doing very well.

Are to be filled up by the Parent, Attendant, or Householder, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, natively, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21928

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
24
1878
BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (state whether ~~Male or~~ Female) Whit
2. *Race or* ~~Color~~ (if not of the white race)
3. *Date of Birth* May 18 1878
4. *Place of Birth* (Street and Number) No 197 Light St
5. *Full Name of Mother* Catherin Carl
6. *Mother's Maiden Name* Catherin Simm
7. *Mother's Birthplace* Baltimor City
8. *Full Name of Father* John Edward Carr
9. *Father's Occupation* Pilot
10. *Father's Birthplace* Hagerstown Md

Name of Medical Attendant, or other Person who makes this Return. Inbusch Md

Address No 36 Davis St

Remarks non

...address at the time of any entry, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24929

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 18th 1878
4. Place of Birth (Street and Number)	Baltimore Charles St N° 246
5. Full Name of Mother	Annie Michel
6. Mother's Maiden Name	Annie Gutz
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	George Michel
9. Father's Occupation	Chair Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Seabrooke
Address	N° 220 Montgomery Street
Remarks	The Baby has Spasm. don't think will live cause unknown

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24930

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May the. 18. 1878.
4. *Place of Birth (Street and Number)* Eastern Av. No, 254.
5. *Full Name of Mother* Meeta Schäfer
6. *Mother's Maiden Name* Meeta Reeb
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Conrad Schäfer
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24931

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex (state whether Male ~~or Female~~) _____
2. Race or Color (if not of the white race) White
3. Date of Birth May the 18. 1878.
4. Place of Birth (Street and Number) N. Durham St. No. 125.
5. Full Name of Mother Elisabetha Bodler
6. Mother's Maiden Name Elisabetha Marlin
7. Mother's Birthplace Schönbrun. K. Baiern. Germany
8. Full Name of Father Friedrich Bodler
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No. 26

Remarks _____

RETURN OF A BIRTH.

24933

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5te Child

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the. 18. 1878.
4. *Place of Birth (Street and Number)* N. Carolina St No 130.
5. *Full Name of Mother* Margaretha Hofferbert
6. *Mother's Maiden Name* Margaretha Hape
7. *Mother's Birthplace* Mühlhausen. N. Baiern. Germany
8. *Full Name of Father* Louis Hofferbert
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Bischofsheim. Gr. Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

RETURN OF A BIRTH.

24933

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 May
4. Place of Birth (Street and Number)	80 Hanford Ave
5. Full Name of Mother	Margaret Kuhne
6. Mother's Maiden Name	Robe
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gustave Kuhne
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Schnitzer
Address	No 7 Forrest Place
Remarks	

Nurse or Midwife, stating distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

249311

HEALTH DEPARTMENT BALTIMORE MAY 22 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	18 May
4. Place of Birth (Street and Number)	605 Dollars St
5. Full Name of Mother	Arabella Coburn
6. Mother's Maiden Name	Woods
7. Mother's Birthplace	Virginia
8. Full Name of Father	Daniel Coburn
9. Father's Occupation	Hack Man
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Russell Johnson
Address	No 7 Forrest Place
Remarks	

Return to the Registrar, stating distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24935

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 19 1878 BALTIMORE

advise at the birth of any child, immediately the date of birth, sex, and color of the child or children born within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	19 of May
4. *Place of Birth (Street and Number)*	No 128 Charles St. Baltimore
5. *Full Name of Mother*	Mary Rudolf
6. *Mother's Maiden Name*	Mary Durklen
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Michael Rudolf
9. *Father's Occupation*	Innkeeper
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Sebena Grisshaber
Address	No 128 West St. Baltimore Md.
Remarks	—

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24936

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	19 May
4. Place of Birth (Street and Number)	179 Vol st
5. Full Name of Mother	Lizzie Crosby
6. Mother's Maiden Name	Lizzie Means
7. Mother's Birthplace	Northumberland Co Pa
8. Full Name of Father	Columbus Crosby
9. Father's Occupation	Laborer
10. Father's Birthplace	Northumberland Co Pa
Name of Medical Attendant, or other Person who makes this Return.	Dr Brown
Address	Lynn Mass
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, race, color, the name, if born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24937

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3d

1. *Sex (state whether Male or Female)* Female Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 19th "
4. *Place of Birth (Street and Number)* E. S. Washington st
5. *Full Name of Mother* Annie Catharine Meyer
6. *Mother's Maiden Name* " " Brick
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry William Meyer
9. *Father's Occupation* Paying Teller,
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. E. P. Irons. M. D.

Address 406 East Baltimore st.

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24938

HEALTH DEPARTMENT
MAY 25 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth may 19 1878
4. Place of Birth (Street and Number) 54 Lee st
5. Full Name of Mother margret helen
6. Mother's Maiden Name margret feeley
7. Mother's Birthplace baltimore city
8. Full Name of Father John helen
9. Father's Occupation ship carpenter
10. Father's Birthplace baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 aliceanna st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...advice of the Birth in any case, distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24939

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 May 78
4. Place of Birth (Street and Number)	166 S. Fremont St.
5. Full Name of Mother	Barbara Stoffel
6. Mother's Maiden Name	" Hammelbacher
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Henry Stoffel
9. Father's Occupation	Farmer
10. Father's Birthplace	Dreaw-Dermstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St
Remarks	

Every Physician, Midwife, or other person, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24944

HEALTH DEPARTMENT
MAY 30 1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Every attending Physician, Midwife, or other person having charge of the case, is required to report to the Registrar of Vital Statistics, Board of Health, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 May.
4. Place of Birth (Street and Number)	69 S. Peter St.
5. Full Name of Mother	Mary Bowers
6. Mother's Maiden Name	Ward.
7. Mother's Birthplace	New York.
8. Full Name of Father	Jos Bowers.
9. Father's Occupation	Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 South Eutaw St.
Remarks	

RETURN OF A BIRTH.

2119 11

11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth February 19.
4. Place of Birth (Street and Number) 135 Dolphin St
5. Full Name of Mother Fannie Hollis Boggs.
6. Mother's Maiden Name Fannie Hollis Hollis.
7. Mother's Birthplace Baltimore
8. Full Name of Father H. Graham Boggs.
9. Father's Occupation Bookkeeper.
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. D R Brown MD

Address Fannie St, Park Avenue.

Remarks

Above at the time of the birth, stating distinctly the date of birth, sex, and color of the child or children born at one birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2114132

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 19th 1878
4. *Place of Birth (Street and Number)*	239 Lombard St.
5. *Full Name of Mother*	Mary Smith
6. *Mother's Maiden Name*	Mary Woolworth
7. *Mother's Birthplace*	United States
8. *Full Name of Father*	Henry C. Smith
9. *Father's Occupation*	Fireman
10. *Father's Birthplace*	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Esther
Address	52 E Lombard St
Remarks	

RETURN OF A BIRTH.

21943

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

Within six days thereafter, there shall be made a return of every birth which shall occur within the limits of Baltimore City, to the Registrar of Vital Statistics, Board of Health, by the attending physician, midwife, or other person present at the birth, stating the name, if any, given to the child, the sex, color, and parentage of such child, the time and place of birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 19th 1878
4. Place of Birth (Street and Number)	No 24 Schroeder St.
5. Full Name of Mother	Mary Nicols
6. Mother's Maiden Name	"
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Unknown.
9. Father's Occupation	—
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Budd
Address	No 185 E. C. cor. Central av. & Monument St.
Remarks	Well

RETURN OF A BIRTH.

249114

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	March 4th 1878
4. Place of Birth (Street and Number)	316 Gilmor st.
5. Full Name of Mother	L. Maculin
6. Mother's Maiden Name	L. Palmer.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	C. Maculin
9. Father's Occupation	Druggist
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Walker
Address	135 W. Carlton
Remarks	Baltimore City

Advise at the Office of Registrar, stating distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating its physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21945

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Return to be made within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* May 19th 1878) white
3. *Date of Birth*
4. *Place of Birth (Street and Number)* 176 E. Fairstreet
5. *Full Name of Mother* Marie C. Thomsen
6. *Mother's Maiden Name* Weil
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan E. Thomsen
9. *Father's Occupation* Buchhalter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 E. Pondstreet

Remarks

RETURN OF A BIRTH.

211946

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 19th 1878
4. Place of Birth (Street and Number)	53 Druid Hill Av.
5. Full Name of Mother	Maud Wiegand
6. Mother's Maiden Name	Maud Schuler
7. Mother's Birthplace	Balto
8. Full Name of Father	Deitrick Wiegand
9. Father's Occupation	Undertaker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Saml J. Powell M.D.
Address	No 29 Fisquith St
Remarks	

RETURN OF A BIRTH.

21491

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White race
3. Date of Birth May 19 1878
4. Place of Birth (Street and Number) Eden st 64
5. Full Name of Mother Ronna Dill
6. Mother's Maiden Name Siegman
7. Mother's Birthplace Wurtemburg Europe
8. Full Name of Father Henry Dill
9. Father's Occupation Restaurant
10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Reilly

Address 48 Holland st

Remarks

RETURN OF A BIRTH. 21494-8

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child.
Sex (state whether Male or Female) [illegible]
2. Race or Color (if not of the white race) White.
3. Date of Birth May 19th 1878
4. Place of Birth (Street and Number) 104 Haven st
5. Full Name of Mother Margaret Coleman
6. Mother's Maiden Name Margaret Cerroy
7. Mother's Birthplace Ireland
8. Full Name of Father John Coleman
9. Father's Occupation Hackman
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. Dr Lancey H Barclay M.D.
Address 47 Conway st
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24917

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 23 1878
BALTIMORE

No. of Child of Mother, (state whether [redacted], 3d, &c.)

1. *Sex* (state whether [redacted] or Female)
2. *Race or Color* (if not of the white race) White,
3. *Date of Birth* May 20th 1878
4. *Place of Birth* (Street and Number) 136 Choptank st (Now Collington Avenue)
5. *Full Name of Mother* Mary E. Lawson,
6. *Mother's Maiden Name* Mary E. Jones,
7. *Mother's Birthplace* Baltimore City Md
8. *Full Name of Father* Albert Lawson,
9. *Father's Occupation* Ship Smith,
10. *Father's Birthplace* Baltimore City Md

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell,

Address 207 S. Broadway

Remarks

Every Physician, Midwife or other person who shall assist at the birth of any child, is required to make return of the same within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21937

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 20, 1878
4. *Place of Birth (Street and Number)* 8 Walker Stret
5. *Full Name of Mother* Luise Geller
6. *Mother's Maiden Name* L Mayle
7. *Mother's Birthplace* Germane
8. *Full Name of Father* August Geller
9. *Father's Occupation* Backer
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Bardige

Address 134 L Boudstret

Remarks

RETURN OF A BIRTH. 21951

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 27 1878
BALTIMORE

Born, in the Family, the name of the mother of such child or children of the parents, and the maiden name of the mother

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 White
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	26 of May
4. Place of Birth (Street and Number)	34 Hall St
5. Full Name of Mother	Louisa Moore
6. Mother's Maiden Name	Louisa Pollington
7. Mother's Birthplace	Tecumseh Co Va
8. Full Name of Father	Wesley Wilmington
9. Father's Occupation	~~Servant to the~~ Estate
10. Father's Birthplace	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return.	Geo Bidden
Address	
Remarks	

RETURN OF A BIRTH.

21952

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
24
1878
BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* may 20/78
4. *Place of Birth (Street and Number)* No 1 Stockton. Al
5. *Full Name of Mother* L. V. Johnson
6. *Mother's Maiden Name* morton
7. *Mother's Birthplace* Badfort Co. Va
8. *Full Name of Father* J. F. Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Apicetit Co. Va.

Name of Medical Attendant, or other Person who makes this Return mrs Proctor

Address 10 Carlton st

Remarks

RETURN OF A BIRTH.

21-953

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child (or children born), the color or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 20
4. Place of Birth (Street and Number)	Myrtle Av near Sharp St.
5. Full Name of Mother	Fanny Walter
6. Mother's Maiden Name	Fanny Hall
7. Mother's Birthplace	On Pacific Ocean
8. Full Name of Father	Charles H Walter
9. Father's Occupation	Merchant
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H. H. Wilson
Address	257 Mad. Av
Remarks	

RETURN OF A BIRTH.

2119571

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29 1878
BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The third child
1. *Sex (state whether Male or Female)*	Male Child
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	
4. *Place of Birth (Street and Number)*	169 Hudson St.
5. *Full Name of Mother*	Ellen E. Jensenius
6. *Mother's Maiden Name*	Ellen E. Galet
7. *Mother's Birthplace*	Cork County Ireland
8. *Full Name of Father*	William P. Jensenius
9. *Father's Occupation*	Ship Builder
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Mary E Swann
Address	69 Lemmon st
Remarks	Mary Wells at present.

M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21955

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	May 20th 1878
4. *Place of Birth (Street and Number)*	Mc Donald st 394
5. *Full Name of Mother*	May Ellen Smith
6. *Mother's Maiden Name*	" " Jamison
7. *Mother's Birthplace*	Balto Md
8. *Full Name of Father*	Joseph Smith
9. *Father's Occupation*	Agent
10. *Father's Birthplace*	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mr Rose Mly
Address	48 Holland St
Remarks	

RETURN OF A BIRTH.

2,11956

2,11956

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 20th 1878
4. Place of Birth (Street and Number)	S.E. Corner Holiday & Fayette Sts
5. Full Name of Mother	Nellie Lee
6. Mother's Maiden Name	Nellie Allen
7. Mother's Birthplace	Pittsburg Pa
8. Full Name of Father	Henry Lee
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	J. B. Worrall M.D.
Address	127 St Paul St
Remarks	

RETURN OF A BIRTH.

24957

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

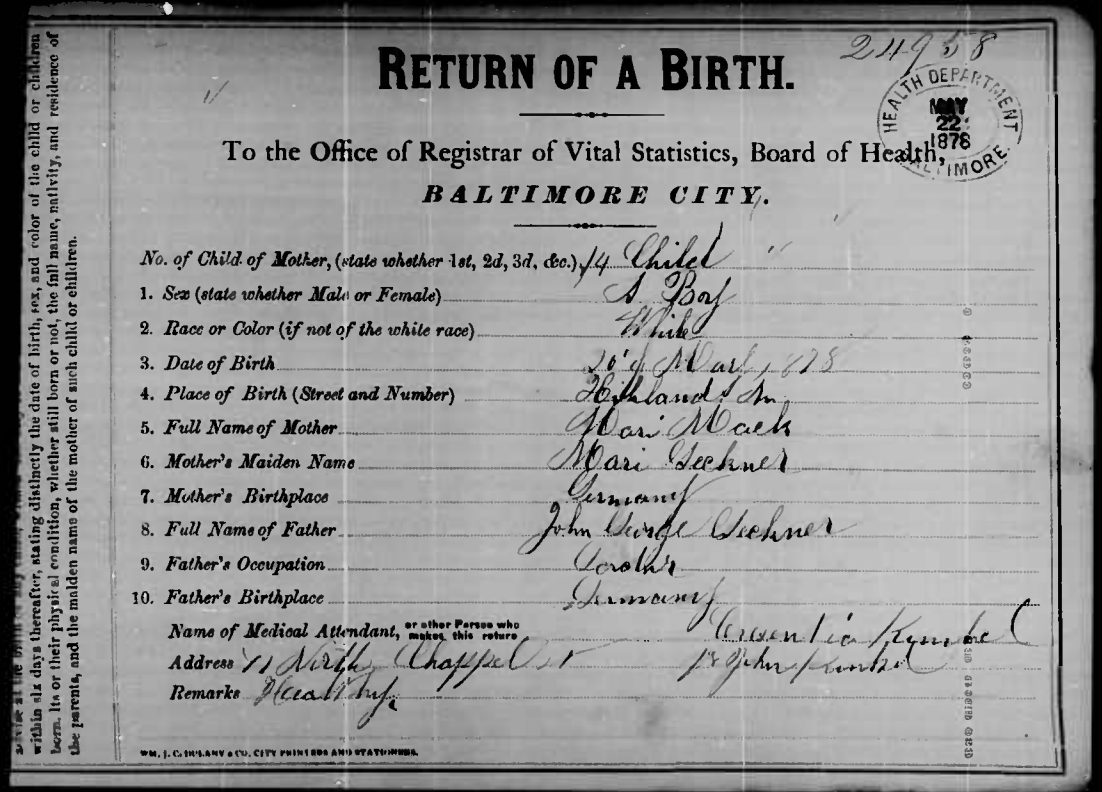
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 May
4. *Place of Birth (Street and Number)* 250 Chero st
5. *Full Name of Mother* Mary Amelia Bateman
6. *Mother's Maiden Name* Mary Amelia Keogh
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Francis Turner Bateman
9. *Father's Occupation* Coach Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sarah Woodew

Address 330 Hiegnitz st.

Remarks



RETURN OF A BIRTH.

21958

HEALTH DEPARTMENT MAY 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex (state whether Male or Female)*	A Boy
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	20th March 1876
4. *Place of Birth (Street and Number)*	Holland St.
5. *Full Name of Mother*	Mari Mack
6. *Mother's Maiden Name*	Mari Seehner
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John George Seehner
9. *Father's Occupation*	Coacher
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Augustus Kyster
Address	71 North Chapel St for John Hunter
Remarks	Healthy

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

DUTY OF THE PARENT OR HOUSEHOLDER. Every birth must be reported at the Office of the Registrar of Vital Statistics, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24959

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. MAY 27 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~)	4 6
1. *Sex (state whether Male or Female)*	Male "
2. *Race or Color (if not of the white race)*	wh. to "
3. *Date of Birth*	Aug. 20. 1878
4. *Place of Birth (Street and Number)*	9 Lombard str No 348
5. *Full Name of Mother*	Wilhelmine Oldenbuttel
6. *Mother's Maiden Name*	Fiatz Wald.
7. *Mother's Birthplace*	Hochstatt Bavern
8. *Full Name of Father*	Heinrich Oldenbuttel
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Dornum Hanover
Name of Medical Attendant, or other Person who makes this Return.	Wm Johann Rauppach
Address	S. Wolfe str 11.25
Remarks	Wm. Dr.

RETURN OF A BIRTH.

21960

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. CITY
JUL 23
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* 2 May the 20 4
4. *Place of Birth (Street and Number)* 95 Church st
5. *Full Name of Mother* Julia Cornish
6. *Mother's Maiden Name* Julia Branic
7. *Mother's Birthplace* Dorchester County
8. *Full Name of Father* Simon Cornish
9. *Father's Occupation* Yard Carrier
10. *Father's Birthplace* Dorchester County

Name of Medical Attendant, or other Person who makes this return Milly Gross

Address 181 Ayres st

Remarks

born, its or their [illegible], the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24961

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Fourth

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth May the 20 1878

4. Place of Birth (Street and Number) No 182 Hughes St

5. Full Name of Mother Ann Ellen

6. Mother's Maiden Name Gavin

7. Mother's Birthplace Baltimore Dorchester county

8. Full Name of Father Simon Ellen

9. Father's Occupation Professor of Music

10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks No Dr. Lee on Hill St formerly North Street

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24962

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 20th
4. Place of Birth (Street and Number)	Brehms Court No 5
5. Full Name of Mother	Susana Odell
6. Mother's Maiden Name	Apple
7. Mother's Birthplace	Germany
8. Full Name of Father	Benjamin Odell
9. Father's Occupation	Boatman
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Strang
Address	No 52 Lombard Street
Remarks	

RETURN OF A BIRTH.

21963

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 6 "

1. Sex (~~state whether Male or Female~~)
2. Race or Color (~~if not of the white race~~) Colored
3. Date of Birth May ~~June~~ 3rd 1878, 5 A.M.
4. Place of Birth (Street and Number) 35 Granby St
5. Full Name of Mother Emma Edwards
6. Mother's Maiden Name ~~or~~ Kaff
7. Mother's Birthplace Maryland
8. Full Name of Father Jacob Edward
9. Father's Occupation Teamster
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. A. Frey Shertzer M.D.

Address 11 S. Hoff St

Remarks

RETURN OF A BIRTH.

24964

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

within six days after birth, stating such facts as are within his knowledge, whether born alive or dead, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	may the 20th
4. *Place of Birth (Street and Number)*	no 4 butlersally
5. *Full Name of Mother*	lewsia handy
6. *Mother's Maiden Name*	handy
7. *Mother's Birthplace*	Summerset county
8. *Full Name of Father*	oren dorsey
9. *Father's Occupation*	labour
10. *Father's Birthplace*	Summerset county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 patpsco avenue healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24965

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	# May 20 1878
4. *Place of Birth (Street and Number)*	144 Stroll. Pl'r
5. *Full Name of Mother*	R. S. Robinson
6. *Mother's Maiden Name*	Roseanna Stokes
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Geo W. Robinson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this return	Mrs. Mary E. Simms
Address	# 203. S Washington St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24966

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 20th 1878
4. Place of Birth (Street and Number) Nr 57 Hill St
5. Full Name of Mother Elizabeth Plummer
6. Mother's Maiden Name Elizabeth Fay
7. Mother's Birthplace Baltimore
8. Full Name of Father Wm. James Plummer
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. J. Whatard M.D.

Address Nr 114 Park Ave

Remarks

Births to be registered within six days thereafter, stating distinctly the date of birth, sex, and color of the child; if twins born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24967

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 20th 1878
4. Place of Birth (Street and Number)	260 Washington Ste
5. Full Name of Mother	Amelia Blatz
6. Mother's Maiden Name	Amelia Eckenbodt
7. Mother's Birthplace	United States
8. Full Name of Father	Andrew Blatz
9. Father's Occupation	Restaurant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Sarah Taylor
Address	32 Eastland Ste
Remarks	

RETURN OF A BIRTH.

24968

HEALTH DEPARTMENT MAY 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 May
4. Place of Birth (Street and Number)	29 Hillsmen St
5. Full Name of Mother	Hattie Mongammel
6. Mother's Maiden Name	B Owens
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Felix Cammell
9. Father's Occupation	Mail Clerk
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Ursula E Schnessler
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH. 24969

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, ~~2d, 3d~~ &c.) 1

1. Sex (state whether ~~Male~~ or Female) Female

2. Race or Color (if ~~not of the white race~~) Colard

3. Date of Birth May 21 1878

4. Place of Birth (Street and Number) No 24 Morris Alley

5. Full Name of Mother Anna Matilder mack Cann

6. Mother's Maiden Name Anna matilder Leder

7. Mother's Birthplace Carrell County Md

8. Full Name of Father ~~Thomas~~ H. McCann

9. Father's Occupation Water

10. Father's Birthplace Carroll County Md

Name of Medical Attendant, or other Person who makes this Return. J Morris Md

Address No 36 Davis St

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24970

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 21 May 1878
4. *Place of Birth (Street and Number)* 37 Gardner St.
5. *Full Name of Mother* Mary V. Carter
6. *Mother's Maiden Name* " " Kyrns
7. *Mother's Birthplace* Md
8. *Full Name of Father* Jno M Carter
9. *Father's Occupation* Government Employe
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return G Lane Tanyhill

Address 129 N Bedale

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24971

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) W. Fete
3. Date of Birth May 21st. 1878 5 45 P. M. Girl
4. Place of Birth (Street and Number) E. Fayette
5. Full Name of Mother Helen Mahon
6. Mother's Maiden Name Helen Hanstrich
7. Mother's Birthplace Balto City
8. Full Name of Father Thomas Mahon
9. Father's Occupation Coal Retailer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. Jamel E. Donnelle M D
Address 299 E. Baltimore Street
Remarks

RETURN OF A BIRTH.

24972

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 21st 78
4. *Place of Birth (Street and Number)* 378 E Fayette St
5. *Full Name of Mother* Ida E Palmer
6. *Mother's Maiden Name* Ida E Hatch
7. *Mother's Birthplace* Baltimore Co. Md
8. *Full Name of Father* Chas L Palmer
9. *Father's Occupation* Tinner.
10. *Father's Birthplace* Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return H. M. Killebrew M.D.

Address 57 S Sharp St

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24973

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) .....

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Mar 21. 1878
4. *Place of Birth (Street and Number)* N. Wolfe str 40 57
5. *Full Name of Mother* Margaretha Spahn
6. *Mother's Maiden Name* Meyer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Heinrich Spahn
9. *Father's Occupation* Seeman
10. *Father's Birthplace* Stolten Prussia

Name of Medical Attendant, or other Person who makes this Return. Ms Johanna Baumgarth

Address N. Wolfe str No 28

Remarks .....

RETURN OF A BIRTH.

21-974

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 21st 1878
4. *Place of Birth (Street and Number)* No 150 Bank St.
5. *Full Name of Mother* Anastacia Aires.
6. *Mother's Maiden Name* Kauffman.
7. *Mother's Birthplace* Franklin County Pa.
8. *Full Name of Father* James Madison Aires.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this return Louisa Wiley

Address No 2 Patapsco Park avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24975

HEALTH DEPARTMENT MAY 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* May the 11th
4. *Place of Birth (Street and Number)* 212 Hamburg St
5. *Full Name of Mother* Elizabeth Boens
6. *Mother's Maiden Name* Elizabeth Alexandria
7. *Mother's Birthplace* Colbert County
8. *Full Name of Father* Gustus Boens
9. *Father's Occupation* Porter
10. *Father's Birthplace* Colbert County

Name of Medical Attendant, or other Person who makes this return Milly Gross

Address 181 York St

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

21976

HEALTH DEPARTMENT
MAY
30
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advice at the birth of any child, is required to report within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st
4. Place of Birth (Street and Number)	West St 246
5. Full Name of Mother	Elizabeth Frome.
6. Mother's Maiden Name	Elizabeth Cook
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	Christian Frome
9. Father's Occupation	Shoe maker
10. Father's Birthplace	Brunswick
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs M. Struve
Remarks	No 212 Lukes Valley Street

RETURN OF A BIRTH.

24977

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, if married born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 21st 1878
4. *Place of Birth (Street and Number)*	152 Lombard Ste
5. *Full Name of Mother*	Mary Troutman
6. *Mother's Maiden Name*	Mary Jaegen
7. *Mother's Birthplace*	United States
8. *Full Name of Father*	Frederick Troutman
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Lasser
Address	52 2 Lombard Ste
Remarks	

RETURN OF A BIRTH. 24178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 2nd 1875
4. Place of Birth (Street and Number)	165 Pratt Str
5. Full Name of Mother	Louise Mortman
6. Mother's Maiden Name	Louise Crouse
7. Mother's Birthplace	United States
8. Full Name of Father	Nicholas Mortman
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Easter
Address	52 E Lombard Str.
Remarks	

RETURN OF A BIRTH. 24979

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st (7 months child).

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 21. 1878.

4. Place of Birth (Street and Number) 335 Lombard St (West)

5. Full Name of Mother Laura Shipley

6. Mother's Maiden Name Laura Gault

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. R. Dunn M.D.

Address Laurel St Park Avenue.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24980

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 23 1878

HEALTH DEPARTMENT MAY 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 22nd 1878.
4. *Place of Birth (Street and Number)* 36 Spruce Alley.
5. *Full Name of Mother* Katie Hartenstein.
6. *Mother's Maiden Name* Katie Rundlner.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Hartenstein.
9. *Father's Occupation* Basket Maker.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No 737 Wolfe St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 24981

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Having in charge the case, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd m
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 22nd 1878
4. Place of Birth (Street and Number)	256 Hanover st
5. Full Name of Mother	Margaret Saterman
6. Mother's Maiden Name	do do
7. Mother's Birthplace	Virginia
8. Full Name of Father	Charles W Saterman
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs L A Turner
Address	162 Hanover st
Remarks	

RETURN OF A BIRTH.

21482

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	May 22 nd 1878
4. *Place of Birth (Street and Number)*	No 27 Beaven st
5. *Full Name of Mother*	Sophie Sidling Beck
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	America
8. *Full Name of Father*	Henry Sidling
9. *Father's Occupation*	Box maker
10. *Father's Birthplace*	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

21483

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 - 6 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 22nd 1878 4 15 P.M. Born

4. Place of Birth (Street and Number) 53 N. Wolf

5. Full Name of Mother Maria Virginia Fuller

6. Mother's Maiden Name Maria Virginia Cook

7. Mother's Birthplace Maryland

8. Full Name of Father Josiah Warren Fuller

9. Father's Occupation Carpenter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 294 E. Baltimore Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 214984

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY
23
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) M

2. Race or Color (if not of the white race)

3. Date of Birth May 22nd 1878

4. Place of Birth (Street and Number) 99 Watson St

5. Full Name of Mother Jane Donnelly

6. Mother's Maiden Name Jane Curtis

7. Mother's Birthplace Ky

8. Full Name of Father Arthur Donnelly

9. Father's Occupation Work Driver

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Charles McCullough

Address 62 E Baltimore St

Remarks Left knee presented

Notice to be given to the Registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,4985

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
1078
BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 May
4. *Place of Birth (Street and Number)* 30 Albemarle Street
5. *Full Name of Mother* Augusta Goetze
6. *Mother's Maiden Name* Schabacker
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Alfred Goetze
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Sophie Jensen

Address

Remarks

RETURN OF A BIRTH.

21986

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Second Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	22 Eve May
4. *Place of Birth (Street and Number)*	57 Park Street
5. *Full Name of Mother*	
6. *Mother's Maiden Name*	Mailda Dorman
7. *Mother's Birthplace*	Sommer Sett cot Comty Md
8. *Full Name of Father*	William White
9. *Father's Occupation*	Farmer
10. *Father's Birthplace*	Sommer Sett Sett Comty Md
Name of Medical Attendant, or other Person who makes this return	Louisa Wiley
Address	112 Patton Park avenue
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Births must be registered within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,1987

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White.

3. Date of Birth May 23rd 1878

4. Place of Birth (Street and Number) No. 66 Boyd St.

5. Full Name of Mother Virginia Elva. Warnicke

6. Mother's Maiden Name Gallagher.

7. Mother's Birthplace Balto. Md.

8. Full Name of Father Charles H. Warnicke

9. Father's Occupation Cooper

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis T. Sauer M. D.

Address 105 N. Central Avenue

Remarks

Physicians and Midwives are required by law to report within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, and their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

24988

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 23 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. *Sex (state whether Male or Female)* ~~Male~~ Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* May 23 1878

4. *Place of Birth (Street and Number)* S. Conor Monument, und Kiesletstr.

5. *Full Name of Mother* Dorothea Hermann

6. *Mother's Maiden Name* Love Sellmeyer

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Kaspar Hermann

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie K. Rediger

Address 134 n Bondstrt

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21989

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 22nd 1878
4. Place of Birth (Street and Number)	No 91 S. Ann St
5. Full Name of Mother	Katherina Steffens
6. Mother's Maiden Name	Katherina Berg
7. Mother's Birthplace	Cumberland Md.
8. Full Name of Father	Henry Steffens
9. Father's Occupation	Ship Chandler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. D. Johns M.D.
Address	46 E. Fayette St
Remarks	Breech Presentation

RETURN OF A BIRTH.

21490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 22nd 1875

4. Place of Birth (Street and Number) 345 Saratoga St

5. Full Name of Mother Catherine Billmyer

6. Mother's Maiden Name Catherine Connelly

7. Mother's Birthplace Baltimore

8. Full Name of Father Chas A Billmyer

9. Father's Occupation paper hanger

10. Father's Birthplace Carroll county Md

Name of Medical Attendant, or other Person who makes this return Wm J. Kimmberger

Address No 23 N. Liberty St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24991

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the infant, if born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	22nd of May.
4. Place of Birth (Street and Number)	9 Federal St.
5. Full Name of Mother	Elizabeth Hassan.
6. Mother's Maiden Name	O'donnell.
7. Mother's Birthplace	England.
8. Full Name of Father	Malcolm Hassan.
9. Father's Occupation	Brakeman.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby.
Address	369 Cathedral St.
Remarks	

RETURN OF A BIRTH.

24992

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

Mother, (state whether 1st, 2d, 3d, &c.) 1

Whether Male or Female) Male

Color (if not of the white race) Colored

When 22 of May

Birth (Street and Number) baltimore west st 119

Name of Mother nancy stepney

Maiden Name Money chisell

Birthplace prince georges county

Name of Father philip stepney

Occupation ex Fireman

Birthplace anneal county

Medical Attendant, or other Person who makes this Return. susan buttler
114 goodman aly

RETURN OF A BIRTH.

24993

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

Name. Katharina Landwehr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1te

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) white

3. Date of Birth born on the 22d of May 1878

4. Place of Birth (Street and Number) 1st Balto. near Pare Stable

5. Full Name of Mother Maria Landwehr

6. Mother's Maiden Name M. Daily

7. Mother's Birthplace born in Balto. City Md.

8. Full Name of Father George Landwehr

9. Father's Occupation Hair Curler

10. Father's Birthplace born in Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hiller

Address 857 Smallwood St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24994

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 11 1878 BALTIMORE.

Every Physician, Midwife, or other person having charge of any case of birth, shall report the same within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* 29
4. *Place of Birth (Street and Number)* Jeffson street 47
5. *Full Name of Mother* Ann marier Fletcher
6. *Mother's Maiden Name* Ann marier Dowell
7. *Mother's Birthplace* Howard Co
8. *Full Name of Father* Theodore Fletcher
9. *Father's Occupation* Labor
10. *Father's Birthplace* Anderel

Name of Medical Attendant, or other Person who makes this Return. mary E Boker

Address Jeffson Street 51

Remarks

not dny

RETURN OF A BIRTH.

21995

HEALTH DEPARTMENT
MAY
28
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23d May 1878.
4. *Place of Birth (Street and Number)* Baker Road.
5. *Full Name of Mother* E. Clarke or E. Bally
6. *Mother's Maiden Name* Blake
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Louis Bally
9. *Father's Occupation* Butcher
10. *Father's Birthplace* St Louis

Name of Medical Attendant, or other Person who makes this return Mary Walker

Address 1217 N. Caroline

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

24996

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 23. 1878
4. *Place of Birth (Street and Number)* E. Wolf str No 24
5. *Full Name of Mother* Friedrike Schmidt
6. *Mother's Maiden Name* Freund
7. *Mother's Birthplace* Asbach Baden
8. *Full Name of Father* Heinrich Schmidt
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Lorzungen Nassau

Name of Medical Attendant, or other Person who makes this Return. Wm Johann Rampach

Address E. Wolf str No 28

Remarks Undone

Write as the Name is to be entered, distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21997

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth May 23d - 1878.

4. Place of Birth (Street and Number) 60 Walker St.

5. Full Name of Mother Ann Elizabeth Howard

6. Mother's Maiden Name " " Scott.

7. Mother's Birthplace Balto, Md.

8. Full Name of Father George H. Howard.

9. Father's Occupation Laborer

10. Father's Birthplace Anne Arundel Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. W. H. Edwards, M.D.

Address 106 Hanover Ave

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21498

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex (state whether Male or Female) Male Sex
2. Race or Color (if not of the white race) Colored
3. Date of Birth Born May 23rd 1878
4. Place of Birth (Street and Number) No 12 Stockton alley Balto Md
5. Full Name of Mother Charlotte Harris
6. Mother's Maiden Name Charlotte Harris
7. Mother's Birthplace Middle Six Va
8. Full Name of Father Frazzies Mitchell
9. Father's Occupation Steamboat porter
10. Father's Birthplace Bedford county Va

Name of Medical Attendant, or other Person who makes this Return. Mary Michell

Address No 12 Stockton alley Baltimore

Remarks Dr King No 96 E Monument and Md

RETURN OF A BIRTH.

24999

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord Child
3. *Date of Birth* may the 29-75-75
4. *Place of Birth (Street and Number)* mcdonald St ele: 72 Baltimore
5. *Full Name of Mother* hester Elements
6. *Mother's Maiden Name* Chester Browne
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Walter Elements
9. *Father's Occupation* Labor
10. *Father's Birthplace* Ess Coun va

Name of Medical Attendant, or other Person who makes this Return Lucinda Hartford

Address 130 Regester St Baltimore md

Remarks

RETURN OF A BIRTH.

25000

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29 1878
BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Ch.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29th 1878
4. Place of Birth (Street and Number)	Baltimore Catt St No 536
5. Full Name of Mother	Catherine Smith
6. Mother's Maiden Name	" Brannan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David Smith
9. Father's Occupation	Painter
10. Father's Birthplace	Richmond
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No 122 Pontein St
Remarks	

25001

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1878
4. Place of Birth (Street and Number)	Baltimore Ramsey st No. 146
5. Full Name of Mother	Mary Howard
6. Mother's Maiden Name	" Buschmon
7. Mother's Birthplace	Germany
8. Full Name of Father	William Howard
9. Father's Occupation	Night watchman
10. Father's Birthplace	Washington County MD.
Name of Medical Attendant, or other Person who makes this Return.	Miss. C. Mitchell
Address	No. 12 S Paskin st
Remarks	

RETURN OF A BIRTH.

23002

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23rd
4. Place of Birth (Street and Number)	St Paul & Pleasant (118)
5. Full Name of Mother	Agnes J Miller
6. Mother's Maiden Name	Owens
7. Mother's Birthplace	Balto
8. Full Name of Father	Decatur Howard Miller
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Riggin Buckler
Address	135 N Charles
Remarks	

RETURN OF A BIRTH.

25003

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Every Physician, Midwife, or other person who shall hereafter attend upon any birth, shall, within six days thereafter, state distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 28th 1878
4. *Place of Birth (Street and Number)*	36 West Vernon Place
5. *Full Name of Mother*	Louie Jenkins
6. *Mother's Maiden Name*	Lusby
7. *Mother's Birthplace*	
8. *Full Name of Father*	Frank H Jenkins
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ryffin Brooke
Address	85 E Chase
Remarks	

RETURN OF A BIRTH.

25004

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 28 May
4. Place of Birth (Street and Number) 210 Burgundy alley
5. Full Name of Mother Sophia [illegible] Butche
6. Mother's Maiden Name
7. Mother's Birthplace Prussia
8. Full Name of Father Henry Butche
9. Father's Occupation Laborer
10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 Eutaw pl

Remarks

RETURN OF A BIRTH.

23005

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 24/78
4. *Place of Birth (Street and Number)* 27 Vine st
5. *Full Name of Mother* Harriet mayers
6. *Mother's Maiden Name* A. Bell
7. *Mother's Birthplace* Eastren shore
8. *Full Name of Father* James mayers
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Eastren Shore

Name of Medical Attendant, or other Person who makes this Return. Wollot proctor

Address No 10 Carlton st

Remarks

RETURN OF A BIRTH.

23006

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth 23d May.
4. Place of Birth (Street and Number) Judson Alley
5. Full Name of Mother Margaret Hentz.
6. Mother's Maiden Name Elliott
7. Mother's Birthplace Baltimore
8. Full Name of Father William Hentz.
9. Father's Occupation Lager.
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.
Address 369 Cathedral St.
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, if born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25007

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 23. 1878
4. *Place of Birth (Street and Number)* S.W. cor Chew & Ann Sts
5. *Full Name of Mother* Jane Jackson
6. *Mother's Maiden Name* Cairns
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Jackson
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this return Mary A Allwell

Address 281 N. Donough st

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25008

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth May 23d 1878

4. Place of Birth (Street and Number) K 17 N. Wolfe st

5. Full Name of Mother Christina Roeding

6. Mother's Maiden Name " Flack

7. Mother's Birthplace Germany

8. Full Name of Father John Roeding

9. Father's Occupation Bricklayer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushman

Address 120 Bank st

Remarks

RETURN OF A BIRTH.

25009

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 24 1876 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 23rd 1875
4. Place of Birth (Street and Number)	87 Fayette Str
5. Full Name of Mother	Catharine Wallach
6. Mother's Maiden Name	Catharine Eldt
7. Mother's Birthplace	Germany
8. Full Name of Father	Antoni Wallach
9. Father's Occupation	Dyer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Taylor
Address	52 E Pamlico Str
Remarks	

RETURN OF A BIRTH.

25010

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 23 1878
4. Place of Birth (Street and Number)	163 W. Lombard St
5. Full Name of Mother	Catharine Myer
6. Mother's Maiden Name	Catharine Myer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno. Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return.	Land & Buetz Mds
Address	163 W. Lombard St (2nd Epizoic asylum
Remarks	Mo. Mor and child doing well

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25011

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 26 1878
BALTIMORE MD

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex (state whether Male or Female) Finale
2. Race or Color (if not of the white race) white
3. Date of Birth May 24th 1878.
4. Place of Birth (Street and Number) 39 Brown Sto
5. Full Name of Mother Ida Jung.
6. Mother's Maiden Name Ida Hillegeist.
7. Mother's Birthplace Germany.
8. Full Name of Father Anton Jung.
9. Father's Occupation Liquor Dealer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist.

Address 182 east Monument Stol.

Remarks

RETURN OF A BIRTH.

25012

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 24 1878
4. *Place of Birth (Street and Number)* Baltimore no 857 W Fallin st
5. *Full Name of Mother* Adeline Lembrecht
6. *Mother's Maiden Name* Adeline Reis
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George Lew
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Salzschlif Hessen Germ

Name of Medical Attendant, or other Person who makes this Return. Mrs Cumlin M.D.

Address no 60 North Strader st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25013

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY 20 1918
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 May
4. *Place of Birth (Street and Number)* 132 Gough St
5. *Full Name of Mother* Mary Rose
6. *Mother's Maiden Name* Schuller
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Fraser
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25014

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 27th 1878

HEALTH DEPARTMENT MAY 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 24th 1878
4. *Place of Birth (Street and Number)* 137 Wolfe St.
5. *Full Name of Mother* Annie Berget
6. *Mother's Maiden Name* Annie Krautwein.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frank Berget.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arend

Address No. 137 Wolfe St.

Remarks

25015

RETURN OF A BIRTH.

HEALTH DEPARTMENT
MAY
25
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every Physician, Midwife, or other person having charge of any case of birth, is required to report the same to the Registrar of Vital Statistics, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 24th 1878
4. *Place of Birth (Street and Number)*	105 Hamburg St
5. *Full Name of Mother*	Maria Dolan
6. *Mother's Maiden Name*	Maria Reynolds
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	James Dolan
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Theodore [redacted] M.D.
Address	
Remarks	

RETURN OF A BIRTH.

25016

HEALTH DEPARTMENT MAY 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* may 24 1878
4. *Place of Birth (Street and Number)* 413 Calicanna st
5. *Full Name of Mother* catherine conners
6. *Mother's Maiden Name* cathrin mcwilliams
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* william conners
9. *Father's Occupation* laboger
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel dr n garrett

Address 433 calican nu stt

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 25017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 24th 1878
4. *Place of Birth (Street and Number)* No 51 Dover St
5. *Full Name of Mother* Louisa Conner
6. *Mother's Maiden Name* Louisa Holland
7. *Mother's Birthplace* Snow Hill Md.
8. *Full Name of Father* Isaac Conner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Snow Hill Md.

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth.

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* May 24th 1878

4. *Place of Birth (Street and Number)* No. 106 S. Calhoun St.

5. *Full Name of Mother* Maria Louisa Eichelberger

6. *Mother's Maiden Name* Maria Louisa Burdick.

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* William Eichelberger

9. *Father's Occupation*

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winnsberger

Address No 23 N. Liberty St.

Remarks

as true as the same may come distinctly the date of birth, sex and color of the child or children within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25019

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	May 24th 1878
4. Place of Birth (Street and Number)	Wallace st No. 82 Baltimore
5. Full Name of Mother	Sarah Cain
6. Mother's Maiden Name	Sarah Burke
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Cain
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Leah Walker
Address	No 198 S. Sharp st.
Remarks	

Births in this District to be registered within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25020

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Advice as the birth is required by ordinance to be reported within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	one Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Friday 24th May 1878
4. Place of Birth (Street and Number)	Barre Street 134
5. Full Name of Mother	Emma Marguerite Genese
6. Mother's Maiden Name	Emma Marguerite Tiber
7. Mother's Birthplace	Germany
8. Full Name of Father	Francois Geneste
9. Father's Occupation	Dyer
10. Father's Birthplace	Arozia - commune - de Juliac (Corrèze) France
Name of Medical Attendant, or other Person who makes this Return.	
Address	[illegible] Young
Remarks	No 32 Lexington Street

RETURN OF A BIRTH.

25021

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 24th " 1878
4. Place of Birth (Street and Number)	174 Gough st.
5. Full Name of Mother	~~Eliz Bail~~ Elizabeth Bailey
6. Mother's Maiden Name	~~Caldwell~~ dv Caldwell
7. Mother's Birthplace	~~Liverpool~~ Liverpool
8. Full Name of Father	Edward Bailey
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Dr. Rob. Mansfield
Address	117 S. Broadway
Remarks	

RETURN OF A BIRTH.

25122

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Duplicate of the Return of Birth required to be made within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d, &c.~~) .....

1. *Sex* (~~*state whether Male or Female*~~) .....
2. *Race or Color* (~~*if not of the white race*~~) .....
3. *Date of Birth* May 24th 1878
4. *Place of Birth* (*Street and Number*) No 440 E Chase st
5. *Full Name of Mother* Louisa Foelker
6. *Mother's Maiden Name* Louisa Krayer
7. *Mother's Birthplace* Balto city
8. *Full Name of Father* John A Foelker
9. *Father's Occupation* Book-Keeper & Collector
10. *Father's Birthplace* Balto city

Name of Medical Attendant, or other Person who makes this return J. Ridgway, Bridge st

Address .....

Remarks .....

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25023

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (~~state whether~~ Male or ~~Female~~)
2. *Race or Color* (~~if not of the~~ white race)
3. *Date of Birth* May 24th 1878
4. *Place of Birth* (Street and Number) No 126 S Bethune
5. *Full Name of Mother* Laura B Bradshaw
6. *Mother's Maiden Name* Laura B Cooper
7. *Mother's Birthplace* West Virginia
8. *Full Name of Father* Siegmund L Cooper
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this return J. Sidney Rieu M D

Address No 121 S Paca St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Give the Christian and Surname, plainly, stating distinctly the date of birth, sex, and color of the child or children born within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

235214

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

JUN 3 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	24 May 1878
4. Place of Birth (Street and Number)	114 Wolfe
5. Full Name of Mother	Lizzie Brune
6. Mother's Maiden Name	Bricken
7. Mother's Birthplace	U. S.
8. Full Name of Father	Peter Brune
9. Father's Occupation	Boxmaker
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return	Sarah Cooper
Address	32 E Lombard
Remarks	

Notice.—The Law requires that every Physician, Midwife, or other person who shall assist at the birth of any child, shall within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25025

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 25 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 24. 1878
4. Place of Birth (Street and Number)	163 N. Lombard St
5. Full Name of Mother	Mary Horton
6. Mother's Maiden Name	Mary Horton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return.	Jno Stuart Md.
Address	Md Lying in Asylum (163 N. Lombard St)
Remarks	Mother and child doing well

RETURN OF A BIRTH.

25026

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

No. (of Child of Mother) (state whether 1st, 2d, 3d, &c.)	4 1 Child 1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white)	White
3. Date of Birth	May 25 1878
4. Place of Birth (Street and No.)	519 West Baltimore St Baltimore
5. Full Name of Mother	Mary Emma Hargrove
6. Mother's Maiden Name	Mary Emma Langfall
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George Washington Hargrove
9. Father's Occupation	House Painter and Grainer
	Baltimore City
Name and Residence of Person who makes this Return.	Anne Dumler 60 Schroder St

Give distinctly the date of birth, sex, and color of the child or children of each mother; whether still born or not, the full name, nativity, and residence of the mother of such child or children.

RETURN OF A BIRTH.

25027

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUN 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May the 25. (1878)
4. *Place of Birth (Street and Number)* Pennsylvaine Ave. No 165
5. *Full Name of Mother* Elizabeth Jungling
6. *Mother's Maiden Name* Elizabeth Keller
7. *Mother's Birthplace* (German) Fellbach Langericht Cannstatt Jaxtkreis Bayern
8. *Full Name of Father* Friedrich Wilhelm Jungling
9. *Father's Occupation* Lager Beer Salon
10. *Father's Birthplace* (German) Rutesheim Oa. Leonberg K.R. Wurttemberg.

Name of Medical Attendant, or other Person who makes this Return.

Address Home Dundalk 60 L Shreter

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEP
MAY
23
1918
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth May 23
4. Place of Birth (Street and Number) 99 Warner Street
5. Full Name of Mother Annie Ward
6. Mother's Maiden Name Annie Ennis
7. Mother's Birthplace Baltimore
8. Full Name of Father Nathaniel Ennis
9. Father's Occupation Sailor
10. Father's Birthplace Anne Arundle County

Name of Medical Attendant, or other Person who makes this return Willie Green

Address 171 York Street

Remarks

To be sent to the Board of Health of the County, within six days after the birth, and to be given to the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 25029

HEALTH DEPARTMENT
MAY 25 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the end of each month, during the year, the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Baltimore
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	25 of May
4. Place of Birth (Street and Number)	59 Montgomery
5. Full Name of Mother	Bell Barrett
6. Mother's Maiden Name	
7. Mother's Birthplace	
8. Full Name of Father	Zack Worby
9. Father's Occupation	Cart driver
10. Father's Birthplace	Fairhall Co Ham & Co mills
Name of Medical Attendant, or other Person who makes this Return.	Aumilla Kerr.
Address	56 Montgomery
Remarks	

RETURN OF A BIRTH.

25030

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 May
4. Place of Birth (Street and Number)	130 Gay St
5. Full Name of Mother	Barbara Boran
6. Mother's Maiden Name	Taylor
7. Mother's Birthplace	Germany
8. Full Name of Father	B Henry Boran
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Ursula Schlessmer
Address	No 7 Forrest Place
Remarks	

...rvise at the birth of any child, within ... days thereafter, the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25031

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

Within 24 hours after birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2 cd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May the 25 th 1878
4. Place of Birth (Street and Number)	No 53 Sterling St. near Monument St.
5. Full Name of Mother	Mary Arlow.
6. Mother's Maiden Name	Mary Maiden.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Arlow
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt
Address	No 185 E. cor. of Monument St. & Central av.
Remarks	7222.

RETURN OF A BIRTH.

25032

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	may 25
4. Place of Birth (Street and Number)	31 short st
5. Full Name of Mother	Susan jane Johnson
6. Mother's Maiden Name	Susan jane Collins
7. Mother's Birthplace	Easton Talbert co Md
8. Full Name of Father	Jerry Johnson
9. Father's Occupation	labor
10. Father's Birthplace	Somerset co Md
Name of Medical Attendant, or other Person who makes this Return.	mrs Lea Johnson
Address	32 short st
Remarks	healthy child

RETURN OF A BIRTH. 25033

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

advise at the birth of any child hereafter born, stating distinctly the date of birth, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) Colored.
3. Date of Birth May 25 1878
4. Place of Birth (Street and Number) 44 Bethel st
5. Full Name of Mother Lizzie Pernell
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Steese
9. Father's Occupation Labored.
10. Father's Birthplace Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs. A. Schultze.

Address 174 Orleans st

Remarks Very Healthy.

RETURN OF A BIRTH.

25034

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the office of said Board, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Col.
3. Date of Birth	May 25th 1878
4. Place of Birth (Street and Number)	106 E. Pratt
5. Full Name of Mother	Mary Ann Sloan
6. Mother's Maiden Name	Mary Ann Watts
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Peter H. Sloan
9. Father's Occupation	Waiter
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	C. E. Hitchcock M.D.
Address	[illegible]
Remarks	[illegible]

RETURN OF A BIRTH.

25035

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 25th May

4. Place of Birth (Street and Number) 1 Green St. 91 Baltimore

5. Full Name of Mother ~~Mary E. Wendt~~ Mary E. Hippler

6. Mother's Maiden Name Mary E. Wendt

7. Mother's Birthplace Baltimore

8. Full Name of Father Martin John Hippler

9. Father's Occupation Tailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catharine Schaeb No 431 West Balto

Address

Remarks

All cases of the Children of any Family, born within the City limits, must be reported within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the [illegible] of any Child, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25036

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd C'd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 25 1878
4. *Place of Birth (Street and Number)* 43 Raburg St
5. *Full Name of Mother* (Maiden) A J Peck
6. *Mother's Maiden Name* (Married) Agnes Isabell Washington
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wilson Randolph Washington Sr
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Fredericksburg Va

Name of Medical Attendant, or other Person who makes this Return. Wm R Washington

Address

Remarks

RETURN OF A BIRTH.

25037

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Light Complection
3. Date of Birth May 25th 1878
4. Place of Birth (Street and Number) # 41 Hargrove Alley
5. Full Name of Mother Annie Collins
6. Mother's Maiden Name " Snowden
7. Mother's Birthplace Mount Co, Maryland
8. Full Name of Father Christopher Collins
9. Father's Occupation Brick Maker
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address # 6 Hamilton Street

Remarks

RETURN OF A BIRTH. 25038

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the city of [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25th 1878
4. Place of Birth (Street and Number)	No 24 N Bond St.
5. Full Name of Mother	Mary A. E. McCauley
6. Mother's Maiden Name	Mary E. Holden
7. Mother's Birthplace	Balt Maryland
8. Full Name of Father	Jasper J. McCauley
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	John Conner
Address	286 E Baltimore St.
Remarks	

RETURN OF A BIRTH.

25039

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Number of Mother (state whether 1st, 2d, 3d, &c.)	1
Sex (whether Male or Female)	Male
Color (if not of the white race)	Colored
Date of Birth	Saturday May the 25
Birth (Street and Number)	Baltimore near Warner No 44
Name of Mother	Emmeline Grimbrook
Maiden Name	Linnyer Fraser
Birthplace	Essex Co. Va.
Name of Father	Charles Fraser
Occupation	Laborer
Birthplace	Caroline County Md
Medical Attendant, or other Person who makes this Return.	Rachel Dorsey 127 Bennett Pl

RETURN OF A BIRTH.

25040

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN. 6 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5te

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 25 of May 1878.
4. *Place of Birth (Street and Number)* 151 Saratoga St
5. *Full Name of Mother* Augusta Wachsy Uzuber
6. *Mother's Maiden Name* A. W. Schaefer
7. *Mother's Birthplace* Main Bavaria
8. *Full Name of Father* Peter Uzuber Weber
9. *Father's Occupation* Baker Keeper
10. *Father's Birthplace* Burgkunstadt Bavaria

Name of Medical Attendant, or other Person who makes this Return. Wm Thomas M D

Address 120 Park Av.

Remarks

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address at the birth of any child, within the City of Baltimore, [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25041

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall [illegible] within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No. 4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	May 25.
4. Place of Birth (Street and Number)	" Point Lane "
5. Full Name of Mother	Mary Caroline Drechsler
6. Mother's Maiden Name	" " Ritter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Frederick Drechsler
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Geo H Mayer M D
Address	18 Aisquith St
Remarks	

RETURN OF A BIRTH.

25043

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth May 25th 1878

4. Place of Birth (Street and Number) No 169 S. Regester

5. Full Name of Mother Henrietta Hay

6. Mother's Maiden Name Kretzer

7. Mother's Birthplace City

8. Full Name of Father John Hay

9. Father's Occupation Laborer

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Miss Elizabeth Bustmann

Address 120 Bank st

Remarks

Every Physician, Midwife, or other person who may attend upon, or have knowledge of any birth, shall within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25043

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 25th. 1878
4. Place of Birth (Street and Number)	177 N. Carey St.
5. Full Name of Mother	Mrs. Mary E. Jones
6. Mother's Maiden Name	Cambril
7. Mother's Birthplace	Anne Co. Md.
8. Full Name of Father	J. Thos. Jones
9. Father's Occupation	Lawyer
10. Father's Birthplace	Anne Arundel Co.
Name of Medical Attendant, or other Person who makes this Return.	W. W. Keeney
Address	10 N. Carey St.
Remarks	

...ddress at the birth of any child within the City of ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

250411

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUN 4 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth May 25 1878
4. Place of Birth (Street and Number) N 2e Patterson Park avenue
5. Full Name of Mother Mary M. Taylor
6. Mother's Maiden Name Mary M. Wiley
7. Mother's Birthplace Baltimore
8. Full Name of Father Harry C Taylor
9. Father's Occupation Lorber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Louis Wiley

Address N2e Patterson Park avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...rrives at the birth of any child, within the city of Baltimore, shall, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex (state whether Male or Female)*	Mail
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15 May
4. *Place of Birth (Street and Number)*	293 Canton ave Canton
5. *Full Name of Mother*	Mary E Ritter
6. *Mother's Maiden Name*	Mary E Kraft
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John Ritter
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Louis - Wiltz
Address	N 12. Patton - Park ave
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ativities at the birth of any child, within six days of its occurrence, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25046

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 March
4. *Place of Birth (Street and Number)* No 18 Stiles Gough St
5. *Full Name of Mother* Margaret Jane Ettermann
6. *Mother's Maiden Name* Fisher
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Aithelm Ettermann
9. *Father's Occupation* Printer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 1070 Fremont Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 27th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26th 1878
4. *Place of Birth (Street and Number)* 253 Bank St. Bet. Chester & Wolfe
5. *Full Name of Mother* Mary Timm
6. *Mother's Maiden Name* Mary Lamme
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Timm
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Brunel

Address No. 137 Wolfe St.

Remarks Off

It will be the duty of the Parent, Householder, or other person having charge of any child or children born within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1/1

RETURN OF A BIRTH.

25018

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 27th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* May 26th 1878.
4. *Place of Birth (Street and Number)* 312 Bond St
5. *Full Name of Mother* Annie Mattausch.
6. *Mother's Maiden Name* Annie Fritz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Anton Mattausch.
9. *Father's Occupation* Cabinet.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. M. W. Amend

Address No 137 Wolfe St.

Remarks L

Notice. The Clerk of any Church, Minister who performs the ceremony of Baptism, or other person having the charge of the Records of Baptisms, is required to make a return to the Registrar of Vital Statistics, Board of Health, Baltimore City, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25049

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
MAY 29 1878
BALTIMORE

advise at the birth of any child, within six days thereafter, and the color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seven Children
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Yellow
3. Date of Birth	Bethel st No 8
4. Place of Birth (Street and Number)	Born on 29 of May
5. Full Name of Mother	Elizebeth Bride
6. Mother's Maiden Name	Elizebeth Clayton
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Thomas Bride
9. Father's Occupation	Porter in store
10. Father's Birthplace	St Marys county
Name of Medical Attendant, or other Person who makes this Return.	Mid wife Harriet Brittan
Address	
Remarks	

advise at the birth of any child. Within six days after the birth of any child, the attendant must report the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25050

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1ter Kind
1. *Sex (state whether Male or Female)*	Bub
2. *Race or Color (if not of the white race)*	Weiß
3. *Date of Birth*	geboranden 26 Mai
4. *Place of Birth (Street and Number)*	No 553 Maumet Str
5. *Full Name of Mother*	Auguste Gunkel
6. *Mother's Maiden Name*	Auguste Kerner
7. *Mother's Birthplace*	Deutschland
8. *Full Name of Father*	Johan Gunkel
9. *Father's Occupation*	Butscher
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this return	Friderike Kaufmann
Address	No 204 S Dollas St
Remarks	Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25051

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May 26th 1878
4. *Place of Birth (Street and Number)* 134 Lee Street
5. *Full Name of Mother* Mary Berton
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Accomac Co [redacted] Virginia
8. *Full Name of Father* Lewis Burton
9. *Father's Occupation* Farmer Laborer
10. *Father's Birthplace* Accomac Co Va

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

advise at the birth of any child, within the City of Baltimore, the name, sex, and color of the child or children within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25052

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

advise at the birth of any child, within one week thereafter, the name, parentage, and color of the child or children born within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 28
4. Place of Birth (Street and Number)	Carrollton Ave.
5. Full Name of Mother	Eliz: Rouse
6. Mother's Maiden Name	Eliz: Murphy
7. Mother's Birthplace	Hanford Co.
8. Full Name of Father	Wm C. Rouse
9. Father's Occupation	Merchant
10. Father's Birthplace	Hanford Co
Name of Medical Attendant, or other Person who makes this Return	H. White
Address	257 Madison Ave
Remarks	

RETURN OF A BIRTH.

25053

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* may 26
4. *Place of Birth (Street and Number)* 32 lewis st
5. *Full Name of Mother* Kirty porterfield
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mrs Lucy johnson

Address no 32 short st

Remarks healthy child

25054

RETURN OF A BIRTH.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

advise at the birth of any child, within the city limits, shall, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex* ~~(state whether Male or Female)~~ Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 26 1878
4. *Place of Birth (Street and Number)* 37 Boston St.
5. *Full Name of Mother* Bridget Laferty
6. *Mother's Maiden Name* Shakley
7. *Mother's Birthplace* Parish Donaghmore Tyrone Co. Ireland
8. *Full Name of Father* John Laferty
9. *Father's Occupation* Lab. Pass. R.R.
10. *Father's Birthplace* Parish Donaghmore Tyrone Co. Ireland

Name of Medical Attendant, or other Person who makes this Return. C. D. Covell M.D.

Address 743 Kenwood St. Balto.

Remarks Child & Mother do well

RETURN OF A BIRTH.

25055

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

Every Physician, Midwife, or other person having charge of any case, within the City of Baltimore, at the birth of any child, within six days thereafter, shall report to the Registrar of Vital Statistics, Board of Health, the number of children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26th 1878
4. Place of Birth (Street and Number)	Baltimore No. Henry
5. Full Name of Mother	Mary Brady
6. Mother's Maiden Name	" Moerser
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Brady
9. Father's Occupation	Police Officer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 122 Barker St.
Remarks	

advise at the Office of any child, within the City of Baltimore, which may be born within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25056

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26th 1878
4. Place of Birth (Street and Number)	Virginia Paris
5. Full Name of Mother	Baltimore Parkin St No 28
6. Mother's Maiden Name	Virginia Painter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Paris
9. Father's Occupation	Watchman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No 129 Parkin St.
Remarks	

advice at the birth of any child, within the City of Baltimore, shall forthwith report the particulars required by this Return, to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25057

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Male 11
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 26 1878
4. Place of Birth (Street and Number)	196 W. Lexington St.
5. Full Name of Mother	Catherin Dickson
6. Mother's Maiden Name	Catherin Kerkel
7. Mother's Birthplace	Baltimore " "
8. Full Name of Father	James L. Dickson
9. Father's Occupation	Cigar
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elbert C. Gray
Address	196 W. Lexington St
Remarks	Healthy

RETURN OF A BIRTH.

25058

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, and within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	26 May 1878
4. Place of Birth (Street and Number)	157 Eden St.
5. Full Name of Mother	Augusta Warner
6. Mother's Maiden Name	Wild
7. Mother's Birthplace	U. S.
8. Full Name of Father	Wm Warner
9. Father's Occupation	Lawyer
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carr
Address	52 E. Lombard
Remarks	

RETURN OF A BIRTH.

25059

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Blanks at the birth of any child, within the City, must be filled out and returned within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth May 26 1878
4. Place of Birth (Street and Number) 192 S Bethel st
5. Full Name of Mother Dorethea Elizabetha Jungkans
6. Mother's Maiden Name " Meisenkorn
7. Mother's Birthplace Germany
8. Full Name of Father Franz Jungkans
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchmann

Address 120 Bank st

Remarks

RETURN OF A BIRTH.

25060

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advice at the birth of any child, within the city limits, shall report the same to the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 27th 1878
4. Place of Birth (Street and Number)	Orleans St. 80
5. Full Name of Mother	Katherine Frederick
6. Mother's Maiden Name	" Peters
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Henry Frederick
9. Father's Occupation	Confectioner
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs R. Wellig
Address	48 Holland St.
Remarks	

RETURN OF A BIRTH.

25061

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Make at the time of any case, within ten days thereafter, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Jewish
3. Date of Birth	May 27th 1878
4. Place of Birth (Street and Number)	Harrison St # 80
5. Full Name of Mother	Matilda Lewis
6. Mother's Maiden Name	" Lewis
7. Mother's Birthplace	Poland Europe
8. Full Name of Father	Harris Lewis
9. Father's Occupation	Peddler
10. Father's Birthplace	Poland Europe
Name of Medical Attendant, or other Person who makes this Return	Mrs Rose Kelly
Address	48 Holland St
Remarks	

RETURN OF A BIRTH.

25062

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, which is born alive within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 27th 1878
4. *Place of Birth (Street and Number)*	398 Orchard St
5. *Full Name of Mother*	Jennie Gallagher
6. *Mother's Maiden Name*	Jennie Lockhart
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Wm S. Gallagher
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Sheridan Cook M D
Address	
Remarks	

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

RETURN OF A BIRTH.

25063

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, which [illegible] within six days thereafter; stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd 1/1/1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 2nd 1878
4. Place of Birth (Street and Number)	Light & York Sts
5. Full Name of Mother	Fredericka Mitchell
6. Mother's Maiden Name	Fredericka Everhardt
7. Mother's Birthplace	Richmond Va.
8. Full Name of Father	Wm Mitchell
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M.D.
Address	
Remarks	

RETURN OF A BIRTH.

250611

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 20 1878 BALTIMORE

advise at the birth of any child, will in the City of Baltimore, [illegible] the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d / 1st / 1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 7th 78
4. Place of Birth (Street and Number)	77 Elizabeth Law
5. Full Name of Mother	Eliz Siebert
6. Mother's Maiden Name	Eliz Althoff
7. Mother's Birthplace	Germany
8. Full Name of Father	Joseph Siebert
9. Father's Occupation	Clerk
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

RETURN OF A BIRTH.

25065

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1978 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 May
4. Place of Birth (Street and Number)	Low and High Sts
5. Full Name of Mother	Bertha Donahue
6. Mother's Maiden Name	Franklin
7. Mother's Birthplace	Washington
8. Full Name of Father	Samuel Donahue
9. Father's Occupation	Tailor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F Chrisman
Address	No 7 Forrest Place
Remarks	

...ulwise at the Birth of any child, within the City of Baltimore, shall give notice thereof ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25066

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 31 1878 BALTIMORE

advise at the birth of any child, within the city of Baltimore, the facts required to be registered within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 7th child
1. Sex (state whether Male or Female)	Baltimore Male of parents
2. Race or Color (if not of the white race)	it is White Race
3. Date of Birth	27 May 1878
4. Place of Birth (Street and Number)	Baltimore Washington St. 566
5. Full Name of Mother	Mary Ford Shaw
6. Mother's Maiden Name	Mary Stork
7. Mother's Birthplace	in germany
8. Full Name of Father	John Shaw
9. Father's Occupation	Carpenter
10. Father's Birthplace	germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Ruppert
Address	
Remarks	566 Washington St Baltimore Md.

RETURN OF A BIRTH.

25067

HEALTH DEPARTMENT MAY 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore 4th child
1. Sex (state whether Male or Female) Baltimore Male
2. Race or Color (if not of the white race) It is the Race
3. Date of Birth 27 May 1878
4. Place of Birth (Street and Number) Baltimore Bucks Court
5. Full Name of Mother Mary Gates
6. Mother's Maiden Name Mary Durete
7. Mother's Birthplace Baltimore
8. Full Name of Father Jo Durete
9. Father's Occupation Cooper
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mary Kemp
Address
Remarks

advise at the birth of any child, within the City of Baltimore, and within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25068

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT CITY MAY 30 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Eight
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	27 May 1878
4. Place of Birth (Street and Number)	370 Light St.
5. Full Name of Mother	Mary Lizzie Steiner
6. Mother's Maiden Name	" Sengler
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	Wm Steiner
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 South Eutaw St.
Remarks	

RETURN OF A BIRTH.

23069

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	May 27th 1878
4. *Place of Birth* (Street and Number)	394 Franklin st
5. *Full Name of Mother*	Sarah Elizabeth Williams
6. *Mother's Maiden Name*	" " Toner
7. *Mother's Birthplace*	Carroll Co Md
8. *Full Name of Father*	John Luther Williams
9. *Father's Occupation*	Cattle Dealer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	W. D. Booker
Address	132 Madison st
Remarks	

Advise at the birth of any child, within the City of Baltimore, shall Report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within five days of its birth, and prior to the interment, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25070

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 27th 1878
4. Place of Birth (Street and Number)	61 4 Abbys alley.
5. Full Name of Mother	Mary Kattenkamp
6. Mother's Maiden Name	Hoffman
7. Mother's Birthplace	America
8. Full Name of Father	Frank Kattenkamp
9. Father's Occupation	Leather dealer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return	J. Schwaser midwifer
Address	213 Cross st
Remarks	

RETURN OF A BIRTH.

25071

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 27th
4. *Place of Birth (Street and Number)* 114 Hanbert St
5. *Full Name of Mother* Mary Morgan
6. *Mother's Maiden Name* Mary Davis
7. *Mother's Birthplace* Wales
8. *Full Name of Father* John J Morgan
9. *Father's Occupation* Copper Smelter
10. *Father's Birthplace* Wales

Name of Medical Attendant, or other Person who makes this Return. Mrs Cribb

Address

Remarks

advise of the birth of any child, within the City of Baltimore, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advice at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vitals within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25072

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	27 May 1878
4. Place of Birth (Street and Number)	306 Canton Ave.
5. Full Nome of Mother	Lizzie Bauer
6. Mother's Maiden Name	Brand
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Bauer
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Gertrand Miller
Address	104 E. Pratt St.
Remarks	

RETURN OF A BIRTH.

25073

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1970 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th of May
4. *Place of Birth (Street and Number)* 344 W Lanvale St
5. *Full Name of Mother* Anna Margaretha Breyer
6. *Mother's Maiden Name* Anna Mary Bernhardt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry D Breyer
9. *Father's Occupation* Box Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. Schmidt M.D

Address 92 N. Eutaw St

Remarks

...advise at the birth of any child within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25074

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth May 28. 78
4. Place of Birth (Street and Number) Franklin Cor Lewis Ave.
5. Full Name of Mother Laura A. Reese
6. Mother's Maiden Name Atkinson
7. Mother's Birthplace Balto
8. Full Name of Father Geo. E. Ed. Reese
9. Father's Occupation Carpenter
10. Father's Birthplace Dorchester Co Md

Name of Medical Attendant, or other Person who makes this return Lewis McCarthy M.D.
Address
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23075

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Children

1. *Sex (state whether Male or Female)* Last A Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th of May 78
4. *Place of Birth (Street and Number)* 304 West Fayette st
5. *Full Name of Mother* Maggie Peter
6. *Mother's Maiden Name* Maggie Smith
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Smith
9. *Father's Occupation* Agent
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Dr Cornelius Kempel

Address 71 North Chappel st for John Kunkel

Remarks Weather Fine

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25076

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 May
4. Place of Birth (Street and Number)	99 Scott St
5. Full Name of Mother	Fr. Seller
6. Mother's Maiden Name	Liska
7. Mother's Birthplace	Myslin Bohemia
8. Full Name of Father	Josef Seller
9. Father's Occupation	Tailor
10. Father's Birthplace	Myslin Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barre St
Remarks	

RETURN OF A BIRTH.

25077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2.

1. Sex (*state whether Male or Female*) Male

2. Race or Color (*if not of the white race*) White

3. Date of Birth 28 Mai

4. Place of Birth (*Street and Number*) 38 Barney St

5. Full Name of Mother Maria Skarda

6. Mother's Maiden Name " Rada

7. Mother's Birthplace Nydlic Bohemia

8. Full Name of Father Wm Skarda

9. Father's Occupation Laborer

10. Father's Birthplace Wohrechtig

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barney St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vitals within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2507 8

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 28th 1878

4. Place of Birth (Street and Number) 173 Scott St. Baltimore

5. Full Name of Mother M. Franklin

6. Mother's Maiden Name M. Branson

7. Mother's Birthplace Virginia

8. Full Name of Father D. Franklin

9. Father's Occupation Cigar maker

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. C. C. Richardson

Address 302 W. Lombard St.

Remarks Baltimore

The Act requires any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23079

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

May 27th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th M.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth May 25th 1878
4. Place of Birth (Street and Number) 273 Canton Ave.
5. Full Name of Mother Lizzie Loulouze
6. Mother's Maiden Name Lizzie Lentz.
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Loulouze.
9. Father's Occupation Tailor.
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return Mrs. M. Lentz
Address No. 137 Wolfe St.
Remarks —

advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25080

HEALTH DEPARTMENT MAY 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. May 29

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May 28th 1878.
4. *Place of Birth (Street and Number)* 346 Broadway
5. *Full Name of Mother* Babara Siegwald
6. *Mother's Maiden Name* Babara Simmon.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jakon Siegwald
9. *Father's Occupation* Watchmaker.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. D. Amend

Address No 137 Wolfe St

Remarks <=/>

2,5081

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 I.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* mulatto
3. *Date of Birth* I. 28. Mai 1878.
4. *Place of Birth (Street and Number)* Baltimore Potomack St. 32.
5. *Full Name of Mother* Marie Braun.
6. *Mother's Maiden Name* Menning
7. *Mother's Birthplace* England.
8. *Full Name of Father* Johann Braun.
9. *Father's Occupation* Weinsieder.
10. *Father's Birthplace* England.

Name of Medical Attendant, or other Person who makes this Return Anna Rimmer.

Address Elliott St. 125.

Remarks

...unless at the birth of any child, within the City of Baltimore, shall report to the registrar thereof, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 28 1878
4. *Place of Birth (Street and Number)* Cor Madison & McDonogh Sts
5. *Full Name of Mother* Margaret A Painter
6. *Mother's Maiden Name* " " Hamm
7. *Mother's Birthplace* Balto
8. *Full Name of Father* James E. Painter
9. *Father's Occupation* Painter
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this return Mary A Atwell

Address 246 N Wolcott st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ulvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

25083

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	28 May 1878
4. Place of Birth (Street and Number)	13 Lloyd
5. Full Name of Mother	Rachael Attenheimer
6. Mother's Maiden Name	" Feltenheimer
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Attenheimer
9. Father's Occupation	Clerck
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cahn
Address	52 E Lombard
Remarks	

RETURN OF A BIRTH.

25084

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1878
4. Place of Birth (Street and Number)	54 Thames
5. Full Name of Mother	Josephine Moran
6. Mother's Maiden Name	" Goodhues
7. Mother's Birthplace	N. York
8. Full Name of Father	Thomas Moran
9. Father's Occupation	Seaman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Geo. B. Reynolds
Address	
Remarks	

The undersigned is required by law to report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25085

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth May 28th 1878
4. Place of Birth (Street and Number) 226 S Bethel st
5. Full Name of Mother Eliza Walker
6. Mother's Maiden Name Mc Kinch
7. Mother's Birthplace City
8. Full Name of Father Henry Walker
9. Father's Occupation Laborer
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushmann

Address 120 Bank st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 28th 1878
4. Place of Birth (Street and Number)	168 Penna. Avenue
5. Full Name of Mother	Roberta Rebecca Fiske Stewart
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Charles Franklin Fiske
9. Father's Occupation	Dealer in Sewing Machines
10. Father's Birthplace	Boston, Mass.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25087

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) May 28th 1878

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth May 28th 1878

4. Place of Birth (Street and Number) 103 N Wolf St

5. Full Name of Mother ~~Mary~~ Emma Jane Neser

6. Mother's Maiden Name Emma Jane Turner

7. Mother's Birthplace Isle White County Va

8. Full Name of Father ~~Mr Hugar~~ Henry Neser

9. Father's Occupation Book Keeper + Salesman

10. Father's Birthplace Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. E. J. E. Wells M D

Address 179 E Monument St

Remarks Instrumental delivery not attended with any detriment to Mother or child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25088

HEALTH DEPARTMENT MAY 29 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	May 29th 1878
4. Place of Birth (Street and Number)	163 W. Lombard St
5. Full Name of Mother	Theresa Scott
6. Mother's Maiden Name	Theresa Scott
7. Mother's Birthplace	U. S. America
8. Full Name of Father	Jno Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return.	David Spruce M.D.
Address	163 W. Lombard St
Remarks	Mother and child doing well.

RETURN OF A BIRTH.

25089

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUN 10 1878

That any physician, midwife, or other person in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth May 29 78

4. Place of Birth (Street and Number) Gilmor St 50

5. Full Name of Mother Luise Schumann

6. Mother's Maiden Name Luise Kurtz

7. Mother's Birthplace Wolpe, Hannover

8. Full Name of Father Rudolf Schumann

9. Father's Occupation Boxmaker

10. Father's Birthplace Erbon, Hannover

Name of Medical Attendant, or other Person who makes this Return. Mrs Sonnenfeld

Address 28 Emma Ave

Remarks

RETURN OF A BIRTH.

25090

HEALTH DEPARTMENT BALTIMORE JUN 8 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd ch

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* May 29 / 78
4. *Place of Birth (Street and Number)* 41 - Court Place
5. *Full Name of Mother* Melanese [illegible]
6. *Mother's Maiden Name* Melanese Cannon
7. *Mother's Birthplace* Ashkenazy
8. *Full Name of Father* Daniel Berne
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Frederick MD

Name of Medical Attendant, or other Person who makes this Return. J Whitman M D

Address 29 Hanover

Remarks

MISSING
#25091

25092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT MAY 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	May 29 th 1878
4. Place of Birth (Street and Number)	No 253 Cross st
5. Full Name of Mother	Mathilde Mery
6. Mother's Maiden Name	Seifchi
7. Mother's Birthplace	Germany
8. Full Name of Father	Sebastian Mery
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Longnecker midwife
Address	213 Cross st
Remarks	eight months Child lived 10 hours cause of death Spasms

25093

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* May 29th 1878.
4. *Place of Birth (Street and Number)* William Street No 337
5. *Full Name of Mother* Anna Fuchs.
6. *Mother's Maiden Name* Anna Pitchen.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jacob F. Fuchs
9. *Father's Occupation* Silver Smith.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Dorothea Byrne

Address 114 Battery Ave

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ailure at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

230944

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Law requires, that every person in the City of Baltimore, shall report to the registrar aforesaid, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	29th May 1878
4. Place of Birth (Street and Number)	38 E. Pratt St.
5. Full Name of Mother	Louisa Turnt
6. Mother's Maiden Name	" Casper
7. Mother's Birthplace	Germany
8. Full Name of Father	Wm Turnt
9. Father's Occupation	Vinegar-maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Sarah Gaster
Address	52 S. Leonard.
Remarks	

RETURN OF A BIRTH.

25095

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or Female~~)* male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* May the 29, 1878
4. *Place of Birth (Street and Number)* Canton Av. No 398.
5. *Full Name of Mother* Amalia Ott.
6. *Mother's Maiden Name* Amalia Knapp
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Conrad Ott
9. *Father's Occupation* Provision Dealer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Muller

Address N. Dallas A. No 26.

Remarks

And any physician, midwife, or other person, who shall neglect or refuse to report and advise as to the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25096

HEALTH DEPARTMENT BALTIMORE JUN 5 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth May 29th 1878

4. Place of Birth (Street and Number) 11 Penna. Ave Balto Md

5. Full Name of Mother Clara C. Plummer

6. Mother's Maiden Name Clara C. Gouce

7. Mother's Birthplace Baltimore Md

8. Full Name of Fother John H. Plummer

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winneberger

Address No. 23 N. Liberty St

Remarks

I not any physician, person or midwife, who shall neglect or refuse to report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23097

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 29th 1878
4. *Place of Birth (Street and Number)*	#56 Warren Ave
5. *Full Name of Mother*	Va Em Lingenfelder
6. *Mother's Maiden Name*	Parris
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Henry Lingenfelder
9. *Father's Occupation*	Attorney at Law
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre sts
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.5098

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth May 29

4. Place of Birth (Street and Number) 20 ft Barney St

5. Full Name of Mother Sofo Swaguet

6. Mother's Maiden Name Unknown

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Swaguet

9. Father's Occupation Retired

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. W. H. Corbett

Address Penn St

Remarks

RETURN OF A BIRTH.

25099

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, nurse or other person who shall attend upon any case of birth, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 29th 1878
4. Place of Birth (Street and Number)	Broadenhall Ct
5. Full Name of Mother	Elizabeth Belt
6. Mother's Maiden Name	Elizabeth Carroll
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Isaac Belt
9. Father's Occupation	Fireman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D
Address	
Remarks	

RETURN OF A BIRTH.

23100

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Color

3. *Date of Birth* [illegible]

4. *Place of Birth (Street and Number)* [illegible]

5. *Full Name of Mother* [illegible]

6. *Mother's Maiden Name* [illegible]

7. *Mother's Birthplace* [illegible]

8. *Full Name of Father* [illegible]

9. *Father's Occupation* [illegible]

10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks [illegible]

That any physician, accoucheur, nurse or other person, who shall fail to report to the registrar aforesaid, as above at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25101

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White "
3. *Date of Birth*	May 30th 1878
4. *Place of Birth (Street and Number)*	Belair road, opposite Shulgens L
5. *Full Name of Mother*	Catherine Foeshter.
6. *Mother's Maiden Name*	Catherine Shindler.
7. *Mother's Birthplace*	Bavaria Germany.
8. *Full Name of Father*	Albert Foeshter
9. *Father's Occupation*	Bear Wagon.
10. *Father's Birthplace*	Bavaria Germany.
Name of Medical Attendant, or other Person who makes this Return	Mrs. M. A. Bull.
Address	No 185 S.E. cor. monument St. & Central av.
Remarks	All Well.

RETURN OF A BIRTH.

25109

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person who shall fail to report, as required by law, to the Registrar of Vital Statistics, Board of Health, Baltimore City, and to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	30 May
4. Place of Birth (Street and Number)	87 Eadenhall st
5. Full Name of Mother	Sarah antony
6. Mother's Maiden Name	Sarah Morris
7. Mother's Birthplace	Jamaica W I
8. Full Name of Father	Napoleon antony
9. Father's Occupation	Steward
10. Father's Birthplace	Jamaica W I
Name of Medical Attendant, or other Person who makes this Return.	
Address	Levy Sidney
Remarks	Not Registered

RETURN OF A BIRTH.

25103

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d Ch
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	may the 30 th
4. *Place of Birth (Street and Number)*	no 1 Wire alley
5. *Full Name of Mother*	carrie miles
6. *Mother's Maiden Name*	carrie Smith
7. *Mother's Birthplace*	Summer set county
8. *Full Name of Father*	nelson miles
9. *Father's Occupation*	Labour
10. *Father's Birthplace*	Summerset county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 patapsco avenue
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE.

ndrles at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether Male or Female)	Mädchen.
2. Race or Color (if not of the white race)	weiß.
3. Date of Birth	d. 30. Mai 1878.
4. Place of Birth (Street and Number)	Baltimore. O'Donell St 62.
5. Full Name of Mother	Marie Kobatschestki.
6. Mother's Maiden Name	Kobatschestki
7. Mother's Birthplace	Polen.
8. Full Name of Father	Kenneith Kobatschestki.
9. Father's Occupation	Tagelöhner.
10. Father's Birthplace	Polen.
Name of Medical Attendant, or other Person who makes this Return.	Anna Kimmen.
Address	Elliott St. 125.
Remarks	

RETURN OF A BIRTH.

25105

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	30 May 1878
4. Place of Birth (Street and Number)	7 Church ct
5. Full Name of Mother	Caroline Biermuller
6. Mother's Maiden Name	" Lange
7. Mother's Birthplace	Germany
8. Full Name of Father	August Biermuller
9. Father's Occupation	Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carter
Address	32 E. Lombard
Remarks	

That any physician, accoucheur, midwife, or other person in attendance upon the mother of any child, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25106

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BALTIMORE CITY HEALTH DEPT. JUN 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	2 May 1878
4. Place of Birth (Street and Number)	55 Caroline
5. Full Name of Mother	Alma Smith
6. Mother's Maiden Name	Cooley
7. Mother's Birthplace	U. S.
8. Full Name of Father	Chris Smith
9. Father's Occupation	Clerk
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E. Lemmard
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall neglect, refuse or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25107

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Illegible

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* May the 30 1878
4. *Place of Birth (Street and Number)* 1509 Orleans Street Between Ward St Balto
5. *Full Name of Mother* Mary Stuart
6. *Mother's Maiden Name* Mary Watts
7. *Mother's Birthplace* Cloverdale County Va
8. *Full Name of Father* Charles Stuart
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Cloverdale County Va

Name of Medical Attendant, or other Person who makes this Return. Dr Lydia Lotzman

Address No 71 Holliday St Balto

Remarks

RETURN OF A BIRTH.

25108

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 May
4. Place of Birth (Street and Number)	192 East 94
5. Full Name of Mother	Catharine Garvey
6. Mother's Maiden Name	Lynch
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Garvey
9. Father's Occupation	Tailor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula Schriessner
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

25109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30 - 1878
4. Place of Birth (Street and Number)	192 Fremont St.
5. Full Name of Mother	Alice J. Hines
6. Mother's Maiden Name	" " Day
7. Mother's Birthplace	Balto city
8. Full Name of Father	George M. Hines
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto city.
Name of Medical Attendant, or other Person who makes this Return	W. E. Moseley M. D.
Address	136 N. Biddle St.
Remarks	

That any physician, accoucheur, midwife, or other person in Baltimore, shall within seven days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25110

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 30 of May 1878
4. *Place of Birth (Street and Number)* 58 Mulberry Street
5. *Full Name of Mother* Mary E Coleman
6. *Mother's Maiden Name*
7. *Mother's Birthplace* New York
8. *Full Name of Father* George A Coleman
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return

Address 33 Fayette Street

Remarks Charlotte Felton

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25111

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May 30 th 1878
4. Place of Birth (Street and Number)	No 199 Lemon alley
5. Full Name of Mother	Cathern Strübick
6. Mother's Maiden Name	Rauch
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm Strübich
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schnaggler Midwife
Address	213 Cross st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend [illegible] wilvbe at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23112

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 30. 1878.
4. Place of Birth (Street and Number)	6 Jackson St.
5. Full Name of Mother	Martha Tomlinson
6. Mother's Maiden Name	Martha Reid
7. Mother's Birthplace	Baltimore
8. Full Name of Father	R. B. Tomlinson
9. Father's Occupation	Machinist
10. Father's Birthplace	Kent Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Jas. Powell M.D.
Address	224 Carlton Ave.
Remarks	Child - Healthy

RETURN OF A BIRTH.

25713

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, or who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	May. 31st 1878.
4. Place of Birth (Street and Number)	436. Lexington St
5. Full Name of Mother	Ruth Mary ~~Lawrence~~ Harding
6. Mother's Maiden Name	" " Lawrence
7. Mother's Birthplace	England
8. Full Name of Father	Henry E Harding
9. Father's Occupation	Watchman. E.B. Bank.
10. Father's Birthplace	England.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dunbar
Address	No 60 N. Schroeder.
Remarks	

RETURN OF A BIRTH.

D 31111

HEALTH DEPT. JUN 15 1878 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Thirteen.
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	Wht
3. *Date of Birth*	31 of May.
4. *Place of Birth (Street and Number)*	Hanover St No 327.
5. *Full Name of Mother*	Mary. Joyner
6. *Mother's Maiden Name*	Mary. Eaton.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Joyner.
9. *Father's Occupation*	Laber Waiter.
10. *Father's Birthplace*	New yorsey.
Name of Medical Attendant, or other Person who makes this return	Mrs. Eve Eaton
Address	West St No 128
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, [illegible] advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1922 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 May
4. *Place of Birth (Street and Number)* 920 N. Durham St
5. *Full Name of Mother* Barbara Burnik
6. *Mother's Maiden Name* Schalanda
7. *Mother's Birthplace* Wodeleb Austria
8. *Full Name of Father* Jacob Burnik
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Wodeleb

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 920 Barney

Remarks

RETURN OF A BIRTH.

25116

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. BALTIMORE MD. JUN 10 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)
1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth May 31st 1878
4. Place of Birth (Street and Number) 312 Bank st
5. Full Name of Mother Annie Todd
6. Mother's Maiden Name " " Mitchell
7. Mother's Birthplace Maryland
8. Full Name of Father Jabez, N. A. Todd
9. Father's Occupation Mariner
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell
Address Broadway & Madison st
Remarks

RETURN OF A BIRTH.

25117

HEALTH DEPARTMENT MAY 31 1978 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	31 May 1878
4. Place of Birth (Street and Number)	648 Canton Av
5. Full Name of Mother	Elizabeth Lawrance
6. Mother's Maiden Name	E Aberish
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Lawrance
9. Father's Occupation	Slave
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chas E Fray
Address	196 N Chester St
Remarks	Healthy

25118

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 les Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth May the 31. 1878
4. Place of Birth (Street and Number) S. Broadway No 193.
5. Full Name of Mother Louise Kreisel
6. Mother's Maiden Name Louise Wack.
7. Mother's Birthplace Baltimore City
8. Full Name of Father Otto. Kreisel
9. Father's Occupation Jacket Manufacturer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

RETURN OF A BIRTH.

2519

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN. 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Child
1. *Sex (state whether Male or Female)*	female Child
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	the 31. may.
4. *Place of Birth (Street and Number)*	Rue St. 52
5. *Full Name of Mother*	marthe Glover
6. *Mother's Maiden Name*	Martha Thomas.
7. *Mother's Birthplace*	Baltimore MD
8. *Full Name of Father*	William Glover
9. *Father's Occupation*	Wrecker.
10. *Father's Birthplace*	Baltimore MD.
Name of Medical Attendant, or other Person who makes this return	Mary L Swaney.
Address	No 59 Lancaster Street.
Remarks	Dairy Maid at present.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25120

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
2. Sex (state whether Male or Female) Male
3. Race or Color (if not of the white race)
4. Date of Birth May 31st 1878
5. Place of Birth (Street and Number) 69 S Wolf 25
6. Full Name of Mother Elizabetha Backhaus
7. Mother's Maiden Name " Punta
8. Mother's Birthplace City
9. Full Name of Father Bernhard Backhaus
10. Father's Occupation Brakesman
11. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchmann

Address 1209 Bank st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	May 10th 78
4. Place of Birth (Street and Number)	113 S. Broadway
5. Full Name of Mother	Sophie Klare
6. Mother's Maiden Name	nee Lenter
7. Mother's Birthplace	city
8. Full Name of Father	Bernhard Klare
9. Father's Occupation	merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	D. Akers M.D.
Address	95 S. Sharp St.
Remarks	

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

To the [illegible] Registrar of Vital [illegible], Board of Health,

BALTIMORE

[illegible] of Child of Mother, [illegible] 2d, 3d, &c.)

2. Race or Color (if not of the white race) Colored

3. Date of Birth May 28 [illegible]

4. Place of Birth (Street and Number) 227 N. Eutaw

5. Full Name of Mother [illegible] Stewart

6. Mother's Maiden Name Matthews

7. Mother's Birthplace Balto

8. Full Name of Father Patrick R. Stewart

9. Father's Occupation Waiter

10. Residence Chesterfield Co Va

Date 7 [illegible] 1919

[illegible] Matthews

3 + 9

1. That any physician, accoucheur or other person in attendance upon any case of birth in the City of Baltimore, shall report to the Registrar of Vital Statistics, Board of Health, within ten days after the birth of any child, the following statistics, viz: date of birth, sex, and color of child; whether child born of first, second or subsequent confinement, whether child born dead or alive, and name of the mother of such child.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

2512.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG 8 1878
REGISTRAR OF VITAL STATISTICS
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d Child
Sex (state whether Male or Female)	Male
Race or Color (if not of the white race)	
Date of Birth	August 1 st 1878
Place of Birth (Street and Number)	No 11 Perry st
Full Name of Mother	Anna Shaefer Hartman
Mother's Maiden Name	
Mother's Birthplace	Germany
Full Name of Father	Julius Shaefer
Father's Occupation	Machinist
Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr Schwatka midwife
Address	213 Cross st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of each mother of such child or children.

RETURN OF A BIRTH.

2,512,5

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Ugale 2d
1. *Sex (state whether Male or Female)*	White
2. *Race or Color (if not of the white race)*	June 1st 1878
3. *Date of Birth*	June 1st
4. *Place of Birth (Street and Number)*	115 Lombard st
5. *Full Name of Mother*	L. Weusland
6. *Mother's Maiden Name*	L. Braun
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	H. Weusland
9. *Father's Occupation*	Musician
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mary Walsh
Address	125 N. Caroline
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25126

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 June
4. *Place of Birth (Street and Number)* 462 N Gay St
5. *Full Name of Mother* A. M. Funk
6. *Mother's Maiden Name* " Peter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adam Funk
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 520 Barney St

Remarks

25127

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	1 June
4. Place of Birth (Street and Number)	14 Forrest Place
5. Full Name of Mother	Agnus J McDonald
6. Mother's Maiden Name	Buchton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel W McDonald
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula Chrismer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25128

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25129

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1st 1878
4. Place of Birth (Street and Number)	397 Cross st.
5. Full Name of Mother	Margaret Kreig
6. Mother's Maiden Name	Margaret Latmar
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Jno. G. Kreig
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 26 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 1 the 1878.
4. *Place of Birth (Street and Number)* No 8 Willow Str
5. *Full Name of Mother* Mary Batterden
6. *Mother's Maiden Name* Mary Williams
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Batterden
9. *Father's Occupation* draymen
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist.

Address No 82. e. Monument Str

Remarks

RETURN OF A BIRTH.

25131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 8 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2 cd
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 cd
4. Place of Birth (Street and Number)	Sumold st No 7
5. Full Name of Mother	Jane Walthime
6. Mother's Maiden Name	Jane Mitendorf
7. Mother's Birthplace	Balti Md
8. Full Name of Father	John Walthime
9. Father's Occupation	Laborer
10. Father's Birthplace	Balti Md.
Name of Medical Attendant, or other Person who makes this Return.	Catherin Horning
Address	100 West st.
Remarks	

RETURN OF A BIRTH.

25132

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

JUN 8 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) W

3. Date of Birth June 2 1878

4. Place of Birth (Street and Number) 54 Fremont St

5. Full Name of Mother Columbia Lang

6. Mother's Maiden Name Columbia Brown

7. Mother's Birthplace Balt

8. Full Name of Father Philip Lang

9. Father's Occupation Tinner

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. C. H. Tallman M D

Address 23 Arundel

Remarks

25133

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth June 2nd

4. Place of Birth (Street and Number) 849 W. Baltimore Street.

5. Full Name of Mother Augusta Comrades

6. Mother's Maiden Name Augusta Hillemann

7. Mother's Birthplace Baltimore Md

8. Full Name of Father August Comrades

9. Father's Occupation Shoemaker

10. Father's Birthplace Hanover Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dummler

Address 60 Leister

Remarks

11

RETURN OF A BIRTH.

25734

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2d 1878
4. *Place of Birth (Street and Number)* 94 Centre st
5. *Full Name of Mother* Hannah Bantz
6. *Mother's Maiden Name* Tobin
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Michl Bantz
9. *Father's Occupation* Ocean Cook & Steward
10. *Father's Birthplace* Ocean

Name of Medical Attendant, or other Person who makes this Return. P. L. Williams

Address 201 Madison Ave

Remarks

RETURN OF A BIRTH.

25135

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1

1. Sex (~~state whether Male or Female~~) M.

2. Race or Color (~~if not of the white race~~) W.

3. Date of Birth June 22d 1878

4. Place of Birth (Street and Number) 539 N. Gay Street

5. Full Name of Mother Clarissa Kauffman.

6. Mother's Maiden Name Clarissa Adler.

7. Mother's Birthplace Balto City

8. Full Name of Father Sigismund S. Kauffman.

9. Father's Occupation Merchant.

10. Father's Birthplace Europe

Name of Medical Attendant, or other Person who makes this Return. John. J. R. Stonestreet M.D.

Address " " City.

Remarks

25136

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	2d of June
4. Place of Birth (Street and Number)	449 Saratoga St
5. Full Name of Mother	Mara Feil
6. Mother's Maiden Name	" Fleischman
7. Mother's Birthplace	Baiarn
8. Full Name of Father	Kasper Feil
9. Father's Occupation	Tailor.
10. Father's Birthplace	Baiarn
Name of Medical Attendant, or other Person who makes this Return.	Anne Lindner
Address	No 45 Monroe St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25137

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY,

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2d 1878
4. *Place of Birth (Street and Number)* Corner Jefferson and Eastern Ave
5. *Full Name of Mother* Loredea Schaffer
6. *Mother's Maiden Name* Muchner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* C W. Schaffer
9. *Father's Occupation* Carpenter maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Marie K. Rudiger

Address 134 N. Bond street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25138

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	June 2d 1878
4. *Place of Birth (Street and Number)*	Hanover Street No 570.
5. *Full Name of Mother*	Hanne Daubnon.
6. *Mother's Maiden Name*	Hanne Kume
7. *Mother's Birthplace*	Philadelfia. P.a.
8. *Full Name of Father*	Henry Daubnon.
9. *Father's Occupation*	Glass bloner
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Dorothea Brune
Address	114 Battery Av.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25139

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No. 4.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2d
4. *Place of Birth (Street and Number)* 224 N Caroline St
5. *Full Name of Mother* Kate Ann Schultz
6. *Mother's Maiden Name* E. Shuman
7. *Mother's Birthplace* Harford County Md
8. *Full Name of Father* John Archer Schultz
9. *Father's Occupation* Steam Boat Captain
10. *Father's Birthplace* Cecil Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo H. Tyson M.D

Address #18 Aisquith St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25140

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	June 2nd 1878
4. *Place of Birth (Street and Number)*	No 123 Conway st.
5. *Full Name of Mother*	Sophia C. Young
6. *Mother's Maiden Name*	Sophia C. Forrester
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	William Young
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Centreville Md.
Name of Medical Attendant, or other Person who makes this return	Mrs Jane Winnebagen
Address	No 23 N. Liberty st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) fem.
2. Race or Color (if not of the white race) Red.
3. Date of Birth 2d June 78
4. Place of Birth (Street and Number) 6 Bolton St
5. Full Name of Mother Laura V. Robiem
6. Mother's Maiden Name Williams
7. Mother's Birthplace Md
8. Full Name of Father Adam Robiem
9. Father's Occupation waiter
10. Father's Birthplace Miss

Name of Medical Attendant, or other Person who makes this Return. Stone Dannyhill

Address 129 N Biddle st

Remarks

RETURN OF A BIRTH.

25142

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* June 2. 1878
4. *Place of Birth (Street and Number)* No 15. Hope St.
5. *Full Name of Mother* Sarah Johnson
6. *Mother's Maiden Name* Sara Lane
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Johnston
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. J. Butts

Address No 185. N. cor. Monument St. & Central av

Remarks died June 3rd. it suffering to much coming to the world.

RETURN OF A BIRTH.

25143

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating discletly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Second of June 1878
4. *Place of Birth (Street and Number)*	407 Madison st
5. *Full Name of Mother*	Mary Kuhl
6. *Mother's Maiden Name*	Mary McKinnis
7. *Mother's Birthplace*	Ire
8. *Full Name of Father*	Phil McKinnis
9. *Father's Occupation*	Sail maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Clarentia Kunkel
Address 71 North Chappel st	pr John Kunkel
Remarks Healthy	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 4 2 78
4. Place of Birth (Street and Number) No 144 Washington st
5. Full Name of Mother Emma Goldsbury
6. Mother's Maiden Name Brooks
7. Mother's Birthplace Balto
8. Full Name of Father Joseph A Goldsbury
9. Father's Occupation Steward
10. Father's Birthplace Calvert Co Md
Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Washington
Address No 837 Canton ave
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

25145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh child

1. *Sex (state whether Male ~~or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 2 - 1878
4. *Place of Birth (Street and Number)* 33 S. Mauer St
5. *Full Name of Mother* Amanda Akers
6. *Mother's Maiden Name* Amanda Reed
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm Henry Akers
9. *Father's Occupation* Sugar Maker
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. A. C. McDowell M.D.

Address 290 Madison ave

Remarks Premature birth (7½ months)

RETURN OF A BIRTH.

25146

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 3, 1878 BALTIMORE.

HEALTH DE... BALTI...

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	June, 2nd 1878
4. Place of Birth (Street and Number)	3 E. G. St. Balt. Md.
5. Full Name of Mother	Mary Walton Edwards
6. Mother's Maiden Name	" Davis
7. Mother's Birthplace	Frederick Co. Md.
8. Full Name of Father	Wm. F. Edwards
9. Father's Occupation	Farmer & artist
10. Father's Birthplace	Bridgeville, Sussex Co. Delaware
Name of Medical Attendant, or other Person who makes this Return.	R. E. Cook M. D.
Address	Balt. & Paca St.
Remarks	Natural

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25147

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	june 2nd
4. *Place of Birth (Street and Number)*	no 24 ladenhall st
5. *Full Name of Mother*	hariet coats
6. *Mother's Maiden Name*	hariet parker
7. *Mother's Birthplace*	calvert county
8. *Full Name of Father*	james henry coats
9. *Father's Occupation*	labour
10. *Father's Birthplace*	calvert county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 patapsco avenue
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25148

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Duty to Report Births in the City of Baltimore

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twins 1st & 2d

1. Sex (state whether Male or Female) Twins both male

2. Race or Color (if not of the white race) White

3. Date of Birth 24 June

4. Place of Birth (Street and Number) 69 N. Gilmor

5. Full Name of Mother Linda Dal

6. Mother's Maiden Name Mc Connell

7. Mother's Birthplace Nottingham England

8. Full Name of Father John Dodt

9. Father's Occupation Stone Cutter

10. Father's Birthplace Plymouth England

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

25149

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	3th of June
4. *Place of Birth (Street and Number)*	36 North Fulton Av
5. *Full Name of Mother*	Regine Wurgens
6. *Mother's Maiden Name*	Beck
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	P. Zehler
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Reuben Dorsey
Address	No 26. N Smithy
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25156

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5) Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth June 3rd 1878
4. Place of Birth (Street and Number) #12 Harrison St.
5. Full Name of Mother Caterina Porcello
6. Mother's Maiden Name "
7. Mother's Birthplace Cicagna Italy
8. Full Name of Father Nicola Porcello
9. Father's Occupation Fruit Dealer
10. Father's Birthplace Cicagna Italy

Name of Medical Attendant, or other Person who makes this Return. London Wise Education

Address 226 Lombard

Remarks

RETURN OF A BIRTH.

25151

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

Duty of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, as advise at the birth of any child, within the City of Baltimore, shall report to the registrar afor within six days thereafter, stating distinctly the date of birth, sex, and color of the child or chi born, its or their physical condition, whether still born or not, the full name, nativity, and res of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3 th. 1878
4. Place of Birth (Street and Number)	827 W. Pratt. Str.
5. Full Name of Mother	Helene ~~Mary~~ Boenning
6. Mother's Maiden Name	Helene Mark.
7. Mother's Birthplace	Helmarshausen. Kurhessen.
8. Full Name of Father	Henry Boenning
9. Father's Occupation	Cigar Manufacturer.
10. Father's Birthplace	Helmarshausen. Kurhessen.
Name of Medical Attendant, or other Person who makes this Return	
Address	Anna Dumler 60 Schroter
Remarks	

RETURN OF A BIRTH.

25152

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3 June
4. *Place of Birth (Street and Number)* 220 N. Dallas St
5. *Full Name of Mother* Sophia Reinhardt
6. *Mother's Maiden Name* Sifler
7. *Mother's Birthplace* Bremen
8. *Full Name of Father* Andreas Reinhardt
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Bremen

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 220 Barnes St

Remarks

Form of Return of Births required by the Health Department of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25153

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 3rd 1878
4. Place of Birth (Street and Number)	56 E. Lombard St.
5. Full Name of Mother	Mary Maloney
6. Mother's Maiden Name	Mary Lowry
7. Mother's Birthplace	United States
8. Full Name of Father	Timothy Maloney
9. Father's Occupation	Grocer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Easter
Address	62 E Lombard St
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2 5 1 5 4

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3rd. 1878
4. Place of Birth (Street and Number)	No. 26 Miller St.
5. Full Name of Mother	Sophia Pfeiffer
6. Mother's Maiden Name	Sophia Steffe.
7. Mother's Birthplace	Wurtemburg Ger.
8. Full Name of Father	John Pfeiffer
9. Father's Occupation	Cabinetmaker.
10. Father's Birthplace	Hessen Ger.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Burk
Address	No 185 N. Central av. cor. Monument St.
Remarks	Well.

Penalty.—That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25155

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c)	5 t
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	June 3. 1878
4. *Place of Birth (Street and Number)*	Tilee str No 47
5. *Full Name of Mother*	Mary Trenkamm
6. *Mother's Maiden Name*	Hottenee
7. *Mother's Birthplace*	Ohio
8. *Full Name of Father*	Ferdinand Trenkamm
9. *Father's Occupation*	Cigarren maker
10. *Father's Birthplace*	Oldenburg Germany
Name of Medical Attendant, or other Person who makes this Return	Wm. F. Dupuis
Address	S. Wolf str No 28
Remarks	Wm. Dupuis

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,5156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 3 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	Aug 3 1878
4. Place of Birth (Street and Number)	Maternite Hospital — 163 W. Lombard St
5. Full Name of Mother	Kate Edwards
6. Mother's Maiden Name	Kate Thorn
7. Mother's Birthplace	England
8. Full Name of Father	Frederick Edwards
9. Father's Occupation	Brass Finisher
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	David Streett M.D. Resident Phys.
Address	Maternite Hospital
Remarks	Mother and Child doing well.

rect Record of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25157

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 3d 1878
4. *Place of Birth (Street and Number)*	54 Albmarle st
5. *Full Name of Mother*	Mary Donohue
6. *Mother's Maiden Name*	Mary Kineanon
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	James Donohue
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Eliz Flemming
Address	95 Albmarle st
Remarks	healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25158

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN. 6 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1th 9

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth*

4. *Place of Birth (Street and Number)* 211 [illegible] St.

5. *Full Name of Mother* [illegible]

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

23159

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 6 1878

HEALTH DEPARTMENT JUN 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* W.
3. *Date of Birth* June 3rd 1878.
4. *Place of Birth (Street and Number)* 11 Chapple St
5. *Full Name of Mother* L. Butz
6. *Mother's Maiden Name* L. Hartman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Butz
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Durst

Address N. 107 Paca St

Remarks N

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rect Return of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25160

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 4 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 3d 1878.
4. Place of Birth (Street and Number)	550 E. Fayette St.
5. Full Name of Mother	Virginia E. Mitchell
6. Mother's Maiden Name	Virginia E. Hughes.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	E. M. Mitchell
9. Father's Occupation	Undertaker.
10. Father's Birthplace	Harford Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Jno. F. Powell M.D.
Address	224 E. Baltimore Ave
Remarks	Child - Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25161

HEALTH DEPARTMENT BALTIMORE JUN 8 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 4th

4. Place of Birth (Street and Number) 408 Madison Ave

5. Full Name of Mother Marion Louise Leatherbury

6. Mother's Maiden Name " " Bond

7. Mother's Birthplace Baltimore

8. Full Name of Father John E Leatherbury

9. Father's Occupation Grocer

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who Makes this Return. Wm. Whitridge

Address

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25162

HEALTH DEPARTMENT JUN 14 1916 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1tes Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 4 June
4. *Place of Birth (Street and Number)* № 182 S. Caroline St.
5. *Full Name of Mother* Mary Blöcksing
6. *Mother's Maiden Name* Mary Klobeder
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Blöcksing
9. *Father's Occupation* Handarbeiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Friederike Kaufmann

Address № 204 S. Fulton St.

Remarks Hebamme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23163

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Fee 25 cents of Penalty Imposed in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	/
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	4th of June
4. Place of Birth (Street and Number)	Dover St 174
5. Full Name of Mother	Georgeanna Lyles
6. Mother's Maiden Name	Georgeanna Warner
7. Mother's Birthplace	Talbot county Eastern Shore Md
8. Full Name of Father	Hannibal Lyles
9. Father's Occupation	farmer
10. Father's Birthplace	South Carolina
Name of Medical Attendant, or other Person who makes this Return.	Mary Penrose
Address	26 Dover St near Shorg St
Remarks	

RETURN OF A BIRTH.

251614

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 4. th 1878
4. Place of Birth (Street and Number)	No 26 Miller St.
5. Full Name of Mother	Sobbia Shaffer
6. Mother's Maiden Name	Sobbia Shaffer
7. Mother's Birthplace	Wurdemberg Ger
8. Full Name of Father	John Shaffer.
9. Father's Occupation	Cabinet Maker.
10. Father's Birthplace	Hessen Ger.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt.
Address	No 185 N. Central av. cor. ~~Central~~ Monument St
Remarks	Well

RETURN OF A BIRTH.

25765

HEALTH DEPT. JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 11th
4. *Place of Birth (Street and Number)* 490 E. Chase St.
5. *Full Name of Mother* Elizabeth Virginia Murphy
6. *Mother's Maiden Name* " " Elliot
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Daniel Murphy
9. *Father's Occupation* Painter
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Gabriel Oliver

Address 286 E. Monument St

Remarks

RETURN OF A BIRTH.

23166

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucher, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	4th June 1878
4. Place of Birth (Street and Number)	206 Raburg st
5. Full Name of Mother	Mrs Hall
6. Mother's Maiden Name	Rose Evans
7. Mother's Birthplace	Anne Arundel County
8. Full Name of Father	Joseph Hall
9. Father's Occupation	Lumber dealer
10. Father's Birthplace	Eastern Shore
Name of Medical Attendant, or other Person who makes this Return	Mitty Blake
Address	the 66 Caroline st
Remarks	the baby is fine and healthy

RETURN OF A BIRTH.

25767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 23 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Fourth of June
4. Place of Birth (Street and Number)	44 North Schroeder St
5. Full Name of Mother	Rosa Beefell
6. Mother's Maiden Name	Rosa Schenkel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Beefell
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Maria Goodman.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25168

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 4th 1878
4. Place of Birth (Street and Number)	51 S. Greene St.
5. Full Name of Mother	Mary Lewis
6. Mother's Maiden Name	Brown
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Joseph Lewis
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis H. Knight M.D.
Address	112 N. Greene
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25169

HEALTH DEPARTMENT JUN 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 1 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 4
4. Place of Birth (Street and Number)	No 1 Hannas St
5. Full Name of Mother	Mary Jones
6. Mother's Maiden Name	Gowan
7. Mother's Birthplace	Mass chus
8. Full Name of Father	Wm Jones
9. Father's Occupation	Coach Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula Johnson
Address	No 1 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25170

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 5th 1878
4. *Place of Birth (Street and Number)* Madison St 61
5. *Full Name of Mother* Lizzie Jane "Orellien
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Europe
8. *Full Name of Father* George James
9. *Father's Occupation* Driver
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Ubly

Address 48 Holland St St boy

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25171

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~May 4th 1878~~ June 4th 1878
4. Place of Birth (Street and Number)	No Elderly St 120
5. Full Name of Mother	Minna Damm
6. Mother's Maiden Name	" Stummer
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Conrad Damm
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavaria Europe
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rose Welly
Address	48 Holland St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25172.

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colored race

3. Date of Birth June 4th 1878

4. Place of Birth (Street and Number) Hanover near Pratt 17

5. Full Name of Mother Sabra Graham

6. Mother's Maiden Name " Hafer

7. Mother's Birthplace Frederick Md

8. Full Name of Father Charles Graham

9. Father's Occupation Porter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Mrs R. Wellz

Address 48 Holland St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25173

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 5th 1878
4. Place of Birth (Street and Number)	223 Chamont St.
5. Full Name of Mother	Rose Sweeny
6. Mother's Maiden Name	" McNally
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Sweeny
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Edward P. Andrews
Address	137 N Exeter St.
Remarks	

25174

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 5. 1878.
4. *Place of Birth (Street and Number)* Low St. № 118.
5. *Full Name of Mother* Emma Wohl
6. *Mother's Maiden Name* Emma Hirth
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Karl W. Wohl.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return, Mary E. Miller

Address N. Dallas A. № 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25175

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5. 1878.
4. Place of Birth (Street and Number)	No. 325 N. Sharp St.
5. Full Name of Mother	Mary E. Askew.
6. Mother's Maiden Name	Mary E. Carroll.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John B. Askew.
9. Father's Occupation	Newspaper Manager.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. E. Powell M.D.
Address	204 Carrollton Ave
Remarks	Child Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25176

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 5. 1878.
4. Place of Birth (Street and Number)	No. 32 E. Baltimore St.
5. Full Name of Mother	Mary Nonnig.
6. Mother's Maiden Name	Mary Ruppel
7. Mother's Birthplace	Ashfeld, Prussia.
8. Full Name of Father	Henry Nonnig.
9. Father's Occupation	Printer.
10. Father's Birthplace	Cassel Prussia.
Name of Medical Attendant, or other Person who makes this Return.	Jno F. Powell M.D
Address	334 Carlton ave
Remarks	Child Healthy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25177

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 June
4. Place of Birth (Street and Number)	68 Conn. st.
5. Full Name of Mother	Sophia W. Abel
6. Mother's Maiden Name	Phister
7. Mother's Birthplace	" Baltimore
8. Full Name of Father	Louis Abel
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	928 South Eutaw St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25178

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ____

1. *Sex (state whether Male or Female)* White
2. *Race or Color (if not of the white race)* June 9th 1878
3. *Date of Birth* 217 N. Fremont St.
4. *Place of Birth (Street and Number)* Mary McNally
5. *Full Name of Mother* Hillsboro
6. *Mother's Maiden Name* Ireland
7. *Mother's Birthplace* Park and Valley
8. *Full Name of Father* Laborer
9. *Father's Occupation* Ireland
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. D. L. Speir M.D.

Address 319 N. Fremont St.

Remarks ____

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25179

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP. JUN 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Two
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5th 1878
4. Place of Birth (Street and Number)	164 Johnson
5. Full Name of Mother	Laura Gaither
6. Mother's Maiden Name	Laura Washgate
7. Mother's Birthplace	Prince George Co Md
8. Full Name of Father	Jno Gaither
9. Father's Occupation	Brakeman
10. Father's Birthplace	Anne Arundel Co Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Kerr M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

25180

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 5th 1878
4. *Place of Birth (Street and Number)* No 419 E. Chase
5. *Full Name of Mother* Mary E. Morris
6. *Mother's Maiden Name* Mary E. Abaugh
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm E. Morris
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary A. Hill

Address 261 McDonough st

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist at or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25181

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 the Children
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	Wht
3. *Date of Birth*	5 of June
4. *Place of Birth (Street and Number)*	Cross St N. 283.
5. *Full Name of Mother*	Rosa Carter
6. *Mother's Maiden Name*	Rose Long
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Antru Carter
9. *Father's Occupation*	Labor Works.
10. *Father's Birthplace*	Unin Charter
Name of Medical Attendant, or other Person who makes this return	Moses Swanbeck
Address	West St No 128
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, also their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25182

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5th 1878
4. Place of Birth (Street and Number)	No. 6 Aruba Ct. Point Balto.
5. Full Name of Mother	Winnie Kennedy
6. Mother's Maiden Name	Welch
7. Mother's Birthplace	Balto.
8. Full Name of Father	Michael K. Kennedy
9. Father's Occupation	Laborer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Margaret E Hill
Address	
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25183

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children

1. *Sex (state whether Male or Female)* Last Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th June 1878
4. *Place of Birth (Street and Number)* 32 Eutaw St.
5. *Full Name of Mother* Jas. Schwarzkopf
6. *Mother's Maiden Name* Jas. Lurk
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wieck Lurk
9. *Father's Occupation* Plumber - Gas Fitter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Cresentia Kunkel

Address 11 North Chappel St. per John Kunkel

Remarks Healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a perfect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25184

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 5 of June.
4. *Place of Birth (Street and Number)* 209 Holins St
5. *Full Name of Mother* Richeal Michel
6. *Mother's Maiden Name* Thigner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Conrad Michel
9. *Father's Occupation* Brewer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Anne Lindner.

Address 1645 Monroe St.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore, in relation to the Duties of Physicians, Midwives, and other persons in charge of Lying-in Establishments.

Duty to report Births to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25185

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 5th 1878 9th P.M. Boy
4. *Place of Birth (Street and Number)* 288 E. Baltimore Street
5. *Full Name of Mother* Harriella Ann Maria Murphy
6. *Mother's Maiden Name* Harriella Ann Maria Ferandini
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Joseph Francis Murphy
9. *Father's Occupation* Picture Frame Manufacturer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore Street

Remarks

Return Registration of the Births of Children in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25186

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 5th 1875.
4. *Place of Birth (Street and Number)*	Douglas St. No 241
5. *Full Name of Mother*	Henrietta Dannenberg
6. *Mother's Maiden Name*	Henrietta Apple
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Isaac Dannenberg
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Charlotte Fellow
Address	38 Forest St Baltimore Md
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25187

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 5th 1878
4. Place of Birth (Street and Number)	163 Hughs St
5. Full Name of Mother	Johanna Dannoker
6. Mother's Maiden Name	Johanna Yeroe
7. Mother's Birthplace	City
8. Full Name of Father	C. H. Dannoker
9. Father's Occupation	Ship Smith
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D.
Address	17 Warren av
Remarks	Mrs. Lizzie Yeroe Not Regular 3 3 Midwife

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25788

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 5th 1878.
4. Place of Birth (Street and Number) № 244 Central Ave.
5. Full Name of Mother Kate Kroder
6. Mother's Maiden Name Kate Lober.
7. Mother's Birthplace Baltimore
8. Full Name of Father George Kroder
9. Father's Occupation Garage Trimmer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 east Monument Str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25189

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th day of June
4. Place of Birth (Street and Number)	26 Frederick Ave.
5. Full Name of Mother	Agnes. E. Thiernau
6. Mother's Maiden Name	Agnes. E. Thiernau.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John. Henry Thiernau
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sodmerfeld
Address	38 Fayette Ave
Remarks	

25190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child as mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colored Race
3. *Date of Birth* June the 6-18-78
4. *Place of Birth (Street and Number)* Spring St 160 Baltimore md
5. *Full Name of Mother* Elizebeth Amby
6. *Mother's Maiden Name* Elizebethe Waymon
7. *Mother's Birthplace* Carline County m d
8. *Full Name of Father* Thomas Amby
9. *Father's Occupation* Servadore
10. *Father's Birthplace* Harford County m d

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address Register St 130 Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25191

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE. JUN 10 1978

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother
1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colored race
3. *Date of Birth* June the 6-18-78
4. *Place of Birth (Street and Number)* E bowdoin St no 1 / Baltimore
5. *Full Name of Mother* Lizebeth Coventon
6. *Mother's Maiden Name* Lizebeth Williams
7. *Mother's Birthplace* Baltimore m d
8. *Full Name of Father* John Coventon
9. *Father's Occupation* ~~Baltimore~~ m d Waiter
10. *Father's Birthplace* Baltimore m d

Name of Medical Attendant, or other Person who makes this Return. Swinda Bowford
Address 130 nor Regester St Baltimore m d
Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23192

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6 - 1878
4. Place of Birth (Street and Number)	514 N Baltimore St
5. Full Name of Mother	~~Charles~~ Ella Evans
6. Mother's Maiden Name	" Jenkins
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Charles H Evans
9. Father's Occupation	Book dealer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	C Nelson Rhoades
Address	87 Mulberry St
Remarks	

RETURN OF A BIRTH.

25193

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex* (state whether Male or Female)	Single
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	June 6th 1878
4. *Place of Birth* (Street and Number)	6 N. Henry st
5. *Full Name of Mother*	Annie L. Snoffnagle
6. *Mother's Maiden Name*	Annie L. Gibson
7. *Mother's Birthplace*	Balto Md
8. *Full Name of Father*	Robt. L. Snoffnagle
9. *Father's Occupation*	Iron Moulder
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25191 11-

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child Baltimore

1. Sex (state whether Male or Female) Baltimore

2. Race or Color (if not of the white race) White

3. Date of Birth 6 June 1878

4. Place of Birth (Street and Number) Baltimore Co. Precinct 56

5. Full Name of Mother

6. Mother's Maiden Name Katuschek

7. Mother's Birthplace Bohemia

8. Full Name of Father John Katuschek

9. Father's Occupation Tailor

10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Address 11 E. Baltimore

Remarks

69 Washington St

25195

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6th 1878
4. Place of Birth (Street and Number)	38 N. Washington St.
5. Full Name of Mother	Mary Ellen Proudfoot
6. Mother's Maiden Name	Mary Ellen Tolchell " "
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Wm. H. Proudfoot
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G. L. Wilkins M.D.
Address	77 S. Broadway
Remarks	

23196

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* June 6th 1878
4. *Place of Birth (Street and Number)* No 17 Lemuria
5. *Full Name of Mother* Edwards McCowin
6. *Mother's Maiden Name* Elizabeth Williams
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* John McCowin
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Augustus Wilson

Address 136 Eighteenth St

Remarks Child died June 9th 1878 Cause of death Convulsions

RETURN OF A BIRTH.

23797

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 6 1878
4. Place of Birth (Street and Number)	Chase St. 336 Baltimore Md
5. Full Name of Mother	Rachel G Clarke
6. Mother's Maiden Name	Rachel G Boring
7. Mother's Birthplace	Carroll County Md
8. Full Name of Father	William Robin Clark
9. Father's Occupation	Pattern Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	323 East Monument St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25198

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Col
3. *Date of Birth* 6th June
4. *Place of Birth (Street and Number)* No 5 Wilk St
5. *Full Name of Mother* Mary E Jones
6. *Mother's Maiden Name* Mary E Jackson
7. *Mother's Birthplace* Talbot Co
8. *Full Name of Father* James Jackson
9. *Father's Occupation* Farm Laborer
10. *Father's Birthplace* Brooklyn Anne Arundel Co

Name of Medical Attendant, or other Person who makes this return Sarah Wilson

Address No 251 Slaughter St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

25199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex (state whether Male or Female)* Boy.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 June
4. *Place of Birth (Street and Number)* 29 Low St
5. *Full Name of Mother* Kath. Wagner
6. *Mother's Maiden Name* " Steiner
7. *Mother's Birthplace* Budin Bohemia
8. *Full Name of Father* A Steiner
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Budin Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 29 Barnes St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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25200

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) ...

1. *Sex (state whether Male or ~~Female~~)* ...
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* June 6th 1878.
4. *Place of Birth (Street and Number)* 95 S. Washington St
5. *Full Name of Mother* Lucretta M. Scopinich,
6. *Mother's Maiden Name* Lucretia M. Cooper,
7. *Mother's Birthplace* Bermuda West Indies,
8. *Full Name of Father* Marco A. Scopinich,
9. *Father's Occupation* Ship Broker,
10. *Father's Birthplace* Lussino Austria,

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell,

Address 207 S. Broadway.

Remarks ...

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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25201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	(Children
1. *Sex (state whether Male or Female)*	Last a Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	6th June 1878
4. *Place of Birth (Street and Number)*	7 Birchard court
5. *Full Name of Mother*	Lute Kuhn
6. *Mother's Maiden Name*	Lute Kunzelman
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Joseph Kunzelman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Cecelia Kunkel
Address	71 Forth Chapel st
Remarks	Healthy.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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25202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	June 6 1878
4. Place of Birth (Street and Number)	16 S. Loudon St
5. Full Name of Mother	Ada Lee
6. Mother's Maiden Name	Ada Lee
7. Mother's Birthplace	Maryland
8. Full Name of Father	Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return	Prof. Thos. Opie M.D.
Address	396 N. Eutaw St
Remarks	Mother and child doing well

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

252103

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 6th 1878
4. *Place of Birth (Street and Number)* S½ South Chester
5. *Full Name of Mother* Susie Lopper Hendrix
6. *Mother's Maiden Name* Susie Lynch
7. *Mother's Birthplace* Kent County Md
8. *Full Name of Father* Baltimore Hendrix
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Queen Annes Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr G. W. Wells M.D.

Address 1798 E. Monument St

Remarks Very speedy delivery not attendant with any trouble

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25024

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT RECEIVED JAN 28 1918 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 6th
4. *Place of Birth (Street and Number)* Baltimore Hamburg Street No 155
5. *Full Name of Mother* Beckey Green
6. *Mother's Maiden Name* Beckey Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benj Green
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 387 Cross Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25205

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* June 6th 1878
4. *Place of Birth (Street and Number)* Sterling St 81
5. *Full Name of Mother* Maria Newman
6. *Mother's Maiden Name* " Spry
7. *Mother's Birthplace* Hanover Europe
8. *Full Name of Father* John Newman
9. *Father's Occupation* Driver
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Rose Reilly.

Address 48 Holland St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25026

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 6th 1878.
4. *Place of Birth (Street and Number)* 243 Madison Str.
5. *Full Name of Mother* Emma Tomplitz
6. *Mother's Maiden Name* E. Wetzelberger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hermann Tomplitz
9. *Father's Occupation* Organ Builder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Lillegeist

Address No. 182 E. Monument Str

Remarks

25207

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 6th 1878
4. *Place of Birth (Street and Number)* N. 194 Lafayette Ave.
5. *Full Name of Mother* Lizzie Green Kirkland
6. *Mother's Maiden Name* Lizzie Green
7. *Mother's Birthplace* Concord Delaware
8. *Full Name of Father* Ogden O Kirkland
9. *Father's Occupation* Auctioneer & Commission Merchant
10. *Father's Birthplace* Huntington Mass

Name of Medical Attendant, or other Person who makes this Return. F. H. Watson M.D.

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUN 10 1878 BALTIMORE, MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	colored
3. Date of Birth	June 7th
4. Place of Birth (Street and Number)	city No 110 Hill st.
5. Full Name of Mother	Annie Allen
6. Mother's Maiden Name	"
7. Mother's Birthplace	Calbert County
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Araminta Wilson
Address	
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25209

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fifth.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	June 7 78.
4. *Place of Birth (Street and Number)*	513 Franklin St.
5. *Full Name of Mother*	Mary E. Allen.
6. *Mother's Maiden Name*	Agnetta.
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Robert M. Allen.
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	H. R. Fetterhoff M.D.
Address	77 George St.
Remarks	

25210

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* boy
2. *Race or Color (if not of the white race)* black
3. *Date of Birth* 7th of june
4. *Place of Birth (Street and Number)* No 11 Paca st
5. *Full Name of Mother* Mary ~~Thornton~~ guarnier
6. *Mother's Maiden Name* Mary Thornton J
7. *Mother's Birthplace* Jefferson County Va
8. *Full Name of Father* philip guarnier
9. *Father's Occupation* hod carrier
10. *Father's Birthplace* Howard county md

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address 13 Clinton avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

25211

HEALTH DEPARTMENT JUN 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 11 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	11th June 1878
4. Place of Birth (Street and Number)	No 311 311 East Biddle St
5. Full Name of Mother	Anne Her husband
6. Mother's Maiden Name	Anne Donnelly
7. Mother's Birthplace	Liquars Tipp Ireland
8. Full Name of Father	Michael Donnelly
9. Father's Occupation	Liquors Dlr
10. Father's Birthplace	Born County Clare Ireland
Name of Medical Attendant, or other Person who makes this Return.	
Address	Aber Lauer
Remarks	No Medical aid

25212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth (10th)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 7 1878
4. *Place of Birth (Street and Number)* No. 540 South Ann Street
5. *Full Name of Mother* Mrs. Mary G. Booth
6. *Mother's Maiden Name* Miss Mary G. Itson
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mr. John H. Booth
9. *Father's Occupation* Sea Captain
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm H. Clendinen

Address No. 102 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2.5.2.13

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 7th "78
4. Place of Birth (Street and Number) No 291 Caxton Ave
5. Full Name of Mother Kate Stitten
6. Mother's Maiden Name " " Agna
7. Mother's Birthplace Germany
8. Full Name of Father Richard Stitten
9. Father's Occupation Coal Dealer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John G. Ryke

Address No. 65 S. Bond St

Remarks

RETURN OF A BIRTH.

22214

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 7th 1878
4. Place of Birth (Street and Number)	44 Sharp St al
5. Full Name of Mother	Betty Goulder
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Maryland
8. Full Name of Father	Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return.	Georgeana Williams
Address	44 Sharp St al
Remarks	

RETURN OF A BIRTH.

25215

HEALTH DEPARTMENT JUN 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male or Female) [illegible]
2. Race or Color (if not of the white race) White
3. Date of Birth June the 8. 1878
4. Place of Birth (Street and Number) E. Baltimore St. No 188
5. Full Name of Mother Karolina Harford
6. Mother's Maiden Name Karolina May
7. Mother's Birthplace Baltimore City
8. Full Name of Father Samuel Harford
9. Father's Occupation Laborer
10. Father's Birthplace Lippe Detmold. Germany

Name of Medical Attendant, or other Person who makes this Return, Mary E. Muller

Address N. Dallas St. No 26.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 25216

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 8th
4. *Place of Birth (Street and Number)* No 361 N. Broadway
5. *Full Name of Mother* Fannie E. Fell
6. *Mother's Maiden Name* Fannie E. Simpson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John S. Fell
9. *Father's Occupation* Agent
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Bice

Address 196 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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23217 259701

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 12 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 8 - 1978
4. *Place of Birth (Street and Number)* 64 Ellwood Av
5. *Full Name of Mother* Virginia Gaines Booker
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Wm A Gaines
9. *Father's Occupation* House Painter
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. M L Brandt MD

Address 97 Madison St

Remarks

RETURN OF A BIRTH.

25218

HEALTH DEPART. JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 8th 1878
4. *Place of Birth (Street and Number)* 347 Madison Ave
5. *Full Name of Mother* Tilly Taylor
6. *Mother's Maiden Name* Keenan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Allen M. Taylor
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. P. L. Williams

Address 201 Madison Ave

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

312

RETURN OF A BIRTH.

25219

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* June the 8. 1878
4. *Place of Birth (Street and Number)* Chaffe St 184 Baltimore m d
5. *Full Name of Mother* Henry Jackson
6. *Mother's Maiden Name* Henry Hunt
7. *Mother's Birthplace* Dorchester County m d
8. *Full Name of Father* Daniel Jackson
9. *Father's Occupation* Labor
10. *Father's Birthplace* Dorchester County m d

Name of Medical Attendant, or other Person who makes this Return. Lucinda Hodgford

Address 130 Dorchester St Baltimore m d

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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25220

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 8th 1878
4. *Place of Birth (Street and Number)* No 280. Aliceanna st
5. *Full Name of Mother* Fredrick Hagador
6. *Mother's Maiden Name* " " Buttenmyer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gerhart Hagador
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Getzler

Address No 515 S. Bond st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 25221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	June 8th 1878
4. *Place of Birth (Street and Number)*	No 282 McDonough st
5. *Full Name of Mother*	Mary E. Coleman
6. *Mother's Maiden Name*	Mary E. Green
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Samuel L. Coleman
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A. Howell
Address	280 McDonough st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Direct Registration of the Board of Health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25222

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	8 June
4. *Place of Birth (Street and Number)*	141 Harford Drive
5. *Full Name of Mother*	Jane McIntire
6. *Mother's Maiden Name*	Downs
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Mich McIntire
9. *Father's Occupation*	Porter
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Annie I Shriner
Address	No 7 Forest Place
Remarks	

RETURN OF A BIRTH.

25293

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 1st '78.
4. Place of Birth (Street and Number)	Carlton St
5. Full Name of Mother	Lenora Agnes Carlton
6. Mother's Maiden Name	Lenora Agnes McGraw.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael A. Carlton
9. Father's Occupation	Salesman.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	A. A. Carlton M. D
Address	524 S. Lexington St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

252914

HEALTH DEPT. JUN 15 1878 BALTIMORE MD

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. *Sex (state whether Male or Female)* Male June 8th
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth*
4. *Place of Birth (Street and Number)* 327 Durham St
5. *Full Name of Mother* Martha E Caution
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Hamilton Caution
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Elizebeth Foot Mid Wife

Address No 7 Young Court

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

25225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 8th 1875
4. Place of Birth (Street and Number)	163 E. Lombard St
5. Full Name of Mother	Mary Martin
6. Mother's Maiden Name	Mary Beale
7. Mother's Birthplace	United States
8. Full Name of Father	John Martin
9. Father's Occupation	Laborer
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Custer
Address	52 E Lombard St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25226

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) ~~1~~
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 8. 1878
4. Place of Birth (Street and Number) Fawn str No 39
5. Full Name of Mother Mary Bird
6. Mother's Maiden Name Hammer
7. Mother's Birthplace Baltimore
8. Full Name of Father Hard Bird
9. Father's Occupation Goldworker
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Wm. F. Bourgeois
Address South Wolf str No 28
Remarks Wm F Bourgeois

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25227

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* June 5
4. *Place of Birth (Street and Number)* Baltimore) Kunburg street N. 336
5. *Full Name of Mother* Margret Butler
6. *Mother's Maiden Name* " Peters
7. *Mother's Birthplace* West River
8. *Full Name of Father* Joyed Butler
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace* West River

Name of Medical Attendant, or other Person who makes this Return. Emeline [illegible]

Address 287 Cross Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23228

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 8th 1878
4. Place of Birth (Street and Number)	1 E Fayette St
5. Full Name of Mother	Blanch. Murphy
6. Mother's Maiden Name	Blanch Love
7. Mother's Birthplace	Va
8. Full Name of Father	Chas. Murphy
9. Father's Occupation	Salesman
10. Father's Birthplace	Va
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. C. B. Stobb
Address	17 Lemmon st
Remarks	

HEALTH DEPT. BALTIMORE

Penalties for Infractions of the Board of Health Regulations.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25229

To the Office of Registrar of Vital Statistics, Board of Health.

JUN 26 1878 BALTIMORE

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 8th 1878.
4. *Place of Birth (Street and Number)* Biddle Str.
5. *Full Name of Mother* Barbara Gumbert
6. *Mother's Maiden Name* B. Ebersbuger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jos. Gumbert
9. *Father's Occupation* Taylor.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegist

Address No 182 E. Monument Str

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24230

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPART... JUL 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 6th 1878
4. *Place of Birth (Street and Number)* Centre near St Paul
5. *Full Name of Mother* Helen Fletcher
6. *Mother's Maiden Name* Wardenick
7. *Mother's Birthplace* Washington
8. *Full Name of Father* Lieut. Fletcher
9. *Father's Occupation* Naval Officer
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this return John Morris

Address 5 Franklin St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25231

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 June
4. Place of Birth (Street and Number)	139 Battery Ave.
5. Full Name of Mother	Louisa Boresse
6. Mother's Maiden Name	" Pitt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Boresse
9. Father's Occupation	a Glassblower
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	32 S. South Entaw Pl
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25232

To the Office of Registrar of Vital Statistics. Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUN 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 7th 1878
4. Place of Birth (Street and Number)	No 21 Booth Sch
5. Full Name of Mother	Martha Jordan
6. Mother's Maiden Name	" Bradley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thos. Jordan
9. Father's Occupation	Mechanic (Stone mason)
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	H L Friedenwald
Address	379 W Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colled
3. *Date of Birth* 9th June
4. *Place of Birth (Street and Number)* Baltimore No 1 Ett Alley
5. *Full Name of Mother* Mrs Mary Payties
6. *Mother's Maiden Name* Mrs Collins Fishes
7. *Mother's Birthplace* Acomack County Va
8. *Full Name of Father* Mr Sat Parkes
9. *Father's Occupation* Seales
10. *Father's Birthplace* Acomack County Va

Name of Medical Attendant, or other Person who makes this Return. Mr Collins Fisher

Address No 9 House Court

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

252 34

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* A Male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* 2 June 1878
4. *Place of Birth (Street and Number)* 97 North Eastern
5. *Full Name of Mother* Lizzie Dell
6. *Mother's Maiden Name* Lizzie Willkle
7. *Mother's Birthplace* Calvert county Md
8. *Full Name of Father* Daniel Willkle
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Crescentia Hunkel

Address 71 North Chapel St per John Hunkel

Remarks Head Chief Head Chief

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25235

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* june 9
4. *Place of Birth (Street and Number)* 9 leppi st
5. *Full Name of Mother* larran mathews
6. *Mother's Maiden Name* not married
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 32 short st

Remarks healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25136

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	June 9th 1878
4. *Place of Birth (Street and Number)*	No 53 Jefferson St
5. *Full Name of Mother*	Harriet Henry
6. *Mother's Maiden Name*	Harriet Brannan
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas Henry
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A Caldwell
Address	286 N Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, hin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children n, its or their physical condition, whether still born or not, the full name, nativity, and residence of parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25237

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 June
4. Place of Birth (Street and Number)	32 Addison St
5. Full Name of Mother	Mary Mitchell
6. Mother's Maiden Name	Newman
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mich Mitchell
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula Schreiner
Address	No 7 Forrest Place
Remarks	

25238

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUN 15 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Juni 9 d. 1878
4. *Place of Birth (Street and Number)* 23 Wahr Strt
5. *Full Name of Mother* Maargret Lenz
6. *Mother's Maiden Name* Margret Knapp
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Friedrich Lenz
9. *Father's Occupation* Kupper
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return Marin H. Rudiger

Address 134 S. Bondstrt

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25239

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th Child.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Whitsunday, June 9th 1878.
4. *Place of Birth (Street and Number)* No. 22 Smith St. Balto. Md.
5. *Full Name of Mother* Mary Mills.
6. *Mother's Maiden Name* Mary Walker.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Samuel Mills.
9. *Father's Occupation* Stevedore.
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. James L. Faulks, M. D.

Address No. 134. Pearl St. Balto. Md.

Remarks Pay the Bill.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

vvet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

252110

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 9 June
4. *Place of Birth (Street and Number)* 125 Eutaw Place
5. *Full Name of Mother* Anna Cally Jones
6. *Mother's Maiden Name* Cally Read
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Jones, Sr.
9. *Father's Occupation* Gentleman
10. *Father's Birthplace* Richmond Virginia

Name of Medical Attendant, or other Person who makes this return — Dr. Smith

Address [illegible]

Remarks [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25211

JUN 19 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* Sunday June 9
4. *Place of Birth (Street and Number)* Aisland St 66
5. *Full Name of Mother* Elisabeth Kang
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Kingstown of Hasen
8. *Full Name of Father* Yaneys Saull
9. *Father's Occupation* Hakeer
10. *Father's Birthplace* Kingstown Hasen

Name of Medical Attendant, or other Person who makes this Return. Mrs Seeback

Address No 439 West Pratt Street.

Remarks

RETURN OF A BIRTH.

2532.12

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 June
4. Place of Birth (Street and Number)	# 4 W. Henry st
5. Full Name of Mother	Ida Wippler
6. Mother's Maiden Name	" Bittle
7. Mother's Birthplace	Washington DC.
8. Full Name of Father	Wm H. Wippler
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kuth
Address	328 S. Eutaw St.
Remarks	

RETURN OF A BIRTH.

252143

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	10 June
4. *Place of Birth (Street and Number)*	180 Dover
5. *Full Name of Mother*	Eliza Kriegsiem
6. *Mother's Maiden Name*	" Shreck
7. *Mother's Birthplace*	Kur. Hessen Germany
8. *Full Name of Father*	Nicholas Kriegsiem
9. *Father's Occupation*	Cabinet Maker
10. *Father's Birthplace*	Kur. Hessen "
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St
Remarks	

RETURN OF A BIRTH.

239444

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* black
3. *Date of Birth* 10 th
4. *Place of Birth (Street and Number)* N. 12 parish ly
5. *Full Name of Mother* georgeanah Wilson
6. *Mother's Maiden Name* georgeanah Wilson
7. *Mother's Birthplace* Howard county md
8. *Full Name of Father* Robert price
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore

Name of Medical Attendant, or other Person who makes this Return. Lydia Sowerville

Address 13 Clinton

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25245

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male & Female (Twins)
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10/78
4. Place of Birth (Street and Number)	253 S. Broadway
5. Full Name of Mother	Margaret Mc. Greevy
6. Mother's Maiden Name	do Boyd
7. Mother's Birthplace	Ireland
8. Full Name of Father	Cornelius Mc. Greevy
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	D. B. W. Mansfield
Address	117 S. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25246

HEALTH DEP. JUN 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 10th 1878
4. *Place of Birth (Street and Number)*	709 S. Paca st
5. *Full Name of Mother*	Alice Wells
6. *Mother's Maiden Name*	Alice Peacock
7. *Mother's Birthplace*	Balt. Md
8. *Full Name of Father*	James H Wells
9. *Father's Occupation*	Bully Dealer
10. *Father's Birthplace*	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	Rhoden Cook M.D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25247

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male.
2. *Race or Color (if not of the white race)* Colored Race
3. *Date of Birth* June the 10.18.78
4. *Place of Birth (Street and Number)* Hughes St No 9 Baltimore md
5. *Full Name of Mother* Mary E Gilbert
6. *Mother's Maiden Name* mary E gilbert
7. *Mother's Birthplace* Harford County md
8. *Full Name of Father* Charles Gilson
9. *Father's Occupation* Labor
10. *Father's Birthplace* Harford County md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Washington

Address 130 Register St Baltimore md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

25248

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1te 3 the 1213
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 10 of June
4. Place of Birth (Street and Number)	Nor 221 Gays St
5. Full Name of Mother	Kate Ames
6. Mother's Maiden Name	Kate Sähs
7. Mother's Birthplace	Germany
8. Full Name of Father	Linda Sähs
9. Father's Occupation	Sales
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Nor Lawr Av
Remarks	No 111 Hefstetter M Hans to Ve

RETURN OF A BIRTH.

25249

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 13 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th
1. Sex (state whether Male or Female)	[redacted] Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10 th
4. Place of Birth (Street and Number)	Baltimore Charles St. 292
5. Full Name of Mother	Brighet Hays
6. Mother's Maiden Name	" Ryan
7. Mother's Birthplace	Tipperary Ireland
8. Full Name of Father	Edward Hays
9. Father's Occupation	works in gaol house
10. Father's Birthplace	Tipperary Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 220 montgomery Street
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23250

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1ter Kind
1. *Sex (state whether Male or Female)*	Mädchen
2. *Race or Color (if not of the white race)*	Weiss
3. *Date of Birth*	geboren den 10 Juni
4. *Place of Birth (Street and Number)*	No 294 S. Ann Str
5. *Full Name of Mother*	Anne Chüttorrium
6. *Mother's Maiden Name*	Anne Schröder
7. *Mother's Birthplace*	Deutschland
8. *Full Name of Father*	Cohn Chüttorrium
9. *Father's Occupation*	Hausarbeiter
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this return	Friederike Kaufmann
Address	No 204 S. Dallas Str
Remarks	Hebamme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25251

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	June 10
4. Place of Birth (Street and Number)	33 centeral av
5. Full Name of Mother	Sarah Graham
6. Mother's Maiden Name	sarah Raly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	David Graham
9. Father's Occupation	porter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	mrs Leas Johnson
Address	32 short st
Remarks	healthy child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25232

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) colored
3. *Date of Birth* June 10 1878
4. *Place of Birth* (Street and Number) 21 Thomson Ave
5. *Full Name of Mother* Harriet Priestley
6. *Mother's Maiden Name* Harriet Simmons
7. *Mother's Birthplace* Md mass & Va
8. *Full Name of Father* Samuel Priestley
9. *Father's Occupation* White Worker
10. *Father's Birthplace* Easton Shore

Name of Medical Attendant, or other Person who makes this return Elizabeth Foot

Address Mid Wife

Remarks no 7 living cases

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25253

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1 1878 BALTIMORE

No. of Child of Mother, (~~*state whether 1st, 2d,* 3d, &c.)

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* June 1st 1878
4. *Place of Birth* (*Street and Number*) No 256 E Fayette st Balto.
5. *Full Name of Mother* Miranda Melissa Price
6. *Mother's Maiden Name* " " Cox
7. *Mother's Birthplace* Butts County Ga
8. *Full Name of Father* Rufus Price
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Butts County Maryland

Name of Medical Attendant, or other Person who makes this return E. Midgley Andrews

Address No 121 E Butts Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

252514

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 June
4. *Place of Birth (Street and Number)* 23 E. Bond St
5. *Full Name of Mother* Josefina Schultz
6. *Mother's Maiden Name* " Hajek
7. *Mother's Birthplace* Pistina Bohemia
8. *Full Name of Father* Franz Schultz
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Britanow Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 23 E Bonnes St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25255

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 10th 1878
4. Place of Birth (Street and Number)	22 N Wolfe St
5. Full Name of Mother	Josephine Geacer
6. Mother's Maiden Name	Josephine Brunner
7. Mother's Birthplace	United States
8. Full Name of Father	Adam Geacer
9. Father's Occupation	Carpet Weaver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cadow
Address	52 E Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25256

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JAN 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16 th. 1878
4. Place of Birth (Street and Number)	No 233 cor. Lombard & Butler
5. Full Name of Mother	Sarah Meyer.
6. Mother's Maiden Name	Sarah Moor
7. Mother's Birthplace	Baltimore City
8. Full Nome of Father	John Meyer
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore City
Nome of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Butler
Address	No 185 N. Central av.
Remarks	Well.

RETURN OF A BIRTH.

25257

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 5th Child
1. Sex (state whether Male or Female)	it is a Boy
2. Race or Color (if not of the white race)	it is White
3. Date of Birth	June 1878
4. Place of Birth (Street and Number)	Baltimore Alexander St 1551/2
5. Full Name of Mother	Mary Colosha
6. Mother's Maiden Name	Trown
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jone Trown
9. Father's Occupation	Col
10. Father's Birthplace	Bohoma
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mc Cluntosh
Remarks	69 Yrs

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25258

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUN 13 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Ch.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 11th 1878
4. Place of Birth (Street and Number)	143 Saratoga
5. Full Name of Mother	Maria V. Craupsaw
6. Mother's Maiden Name	Maria V. Costello
7. Mother's Birthplace	Balto City
8. Full Name of Father	Jno. L. Craupsaw
9. Father's Occupation	Chair Master
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	L. S. Watkins M.D.
Address	7 E. So. Broadway
Remarks	

Fee: Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23259

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white race
3. Date of Birth	June the 11
4. Place of Birth (Street and Number)	South Monroe st
5. Full Name of Mother	Laura Ireland
6. Mother's Maiden Name	Laura Bosseth
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Ireland
9. Father's Occupation	water man
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Hallinan
Address	
Remarks	

RETURN OF A BIRTH.

25260

HEALTH DEPT. JUN 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	11th June 1878
4. *Place of Birth (Street and Number)*	Corner Bank & Monument sts
5. *Full Name of Mother*	Anie B. Stuzenderfer
6. *Mother's Maiden Name*	Anie B. Demuth
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Casper Demuth
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Clarentia Kimmel
Address	71 North Chapel st
Remarks	Dr Kimmel

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2,52161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 11th 78
4. *Place of Birth (Street and Number)* Balt from 168 Constitution St
5. *Full Name of Mother* Mrs Caroline Ria Meagher
6. *Mother's Maiden Name* Dick
7. *Mother's Birthplace* North Carolina
8. *Full Name of Father* Michael Meagher
9. *Father's Occupation* Comission Merchant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Doc! Whitridge & Miss Wooden

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2,52621

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

BALTIMORE CITY HEALTH DEPT. JUN 18 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 11 th 1878
4. Place of Birth (Street and Number)	No. 62 Baltimore av.
5. Full Name of Mother	Catharine Gause
6. Mother's Maiden Name	Fisher
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Gause
9. Father's Occupation	Boilermaker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmaster mid wife
Address	213 Cross st
Remarks	

Penalty for Neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

252.63

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex* (~~state whether Male or~~ *Female*)
2. *Race or Color* (~~if not, of the white race~~)
3. *Date of Birth* June 11. 78
4. *Place of Birth* (*Street and Number*) 55 Amity St
5. *Full Name of Mother* Emma A Young
6. *Mother's Maiden Name* Vineyard
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Geo Young
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this return Lewis McCoy Coleman

Address 849 Lee

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25264

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (~~state whether~~ Male ~~or Female~~)
2. Race or Color (~~if not of the white race~~)
3. Date of Birth June 16. 78
4. Place of Birth (Street and Number) 399 N Gilmore
5. Full Name of Mother Isabella Frances Heinemiller
6. Mother's Maiden Name Hoffman
7. Mother's Birthplace Balto
8. Full Name of Father Henry Heinemiller
9. Father's Occupation Carpenter
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this return Dr W Eastman

Address 349 E

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25265

HEALTH DEPT. JUN 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth June 11 1878
4. Place of Birth (Street and Number) 200 S Am st
5. Full Name of Mother Lizzie Mickway
6. Mother's Maiden Name E Lavers
7. Mother's Birthplace Fortwesmoreland
8. Full Name of Father Charles Mickway
9. Father's Occupation Laborer
10. Father's Birthplace Fortwesmoreland

Name of Medical Attendant, or other Person who makes this return Mary Jacobs

Address 99 Lemster st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Fee Record by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25266

HEALTH DEPT. JUN 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 18th 1878
4. *Place of Birth (Street and Number)* Baltimore Scott St No. 31
5. *Full Name of Mother* Elizbeth Linton
6. *Mother's Maiden Name* " Goodman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Linton
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 122 Parkin st

Remarks

Rule 2 Section 9 of Vital Statutes of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

23267

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White Race
3. Date of Birth June 11 ett
4. Place of Birth (Street and Number) No. 33. S. Poppleton Street
5. Full Name of Mother Wilhelmina Vogt
6. Mother's Maiden Name Wilhelmina Rüdiger
7. Mother's Birthplace Hesse Cassel
8. Full Name of Father Frederick A. Vogt
9. Father's Occupation Carver
10. Father's Birthplace Baltimore.

Name of Medical Attendant, or other Person who makes this Return.

Address Mene Dumler 60 Schools

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25268

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether Male or Female)*	A Girl
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	12th June 1878
4. *Place of Birth (Street and Number)*	502 East Fayette st
5. *Full Name of Mother*	Marsell Smith
6. *Mother's Maiden Name*	Marsell Espi
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Espi
9. *Father's Occupation*	Shaper
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Clemens Lin, Knuppel
Address	11 North Chappel st per John Hunter
Remarks	Healthy.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25269

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	225 Forrest St
4. Place of Birth (Street and Number)	12 June
5. Full Name of Mother	Sarah Stack
6. Mother's Maiden Name	Fay
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Stack
9. Father's Occupation	Garbage Man
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ursula Thomas
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

25270

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 12 1878
4. *Place of Birth (Street and Number)* 274 Bank St
5. *Full Name of Mother* Josephina Ackemans
6. *Mother's Maiden Name* Josephina
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mr Clays Ackemans
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mess C Fray

Address 193 So Chester

Remarks Healthy

Penalty for Neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23271

111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	12 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Coolard
3. Date of Birth	12 of June
4. Place of Birth (Street and Number)	412 East street
5. Full Name of Mother	Anna Maria Brown
6. Mother's Maiden Name	Anna Maria Blake
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Brown
9. Father's Occupation	Seow man
10. Father's Birthplace	queens Ans County
Name of Medical Attendant, or other Person who makes this Return.	Maria Gordon Midwif
Address	417 East Street
Remarks	

Penalty for Failure to Return Births to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25272

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1872 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12th
4. Place of Birth (Street and Number)	Calvert St near Chase
5. Full Name of Mother	Gay O Fennerick
6. Mother's Maiden Name	Gay O Fennan
7. Mother's Birthplace	Balt Md
8. Full Name of Father	Henry Fennerick
9. Father's Occupation	Clerk.
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	N W Thomas
Address	N Charles St 131
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25273

HEALTH DEPART. JUN 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st " "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12 " 1878
4. Place of Birth (Street and Number)	Baltimore Appleton st No 103
5. Full Name of Mother	Elenora Ault
6. Mother's Maiden Name	" Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Ault
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return	Mrs. C. Neidhell
Address	No 122 Aisquith st
Remarks	

RETURN OF A BIRTH.

26274

HEALTH DEPART... JUN 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th Child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	12th of June
4. *Place of Birth (Street and Number)*	19 Boston
5. *Full Name of Mother*	Charlotte Jubb
6. *Mother's Maiden Name*	Charlotte Hubbard
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Thomas James Jubb
9. *Father's Occupation*	fisherman
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Louis. Wiley
Address	No Patterson Park avenue
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23273

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. CITY OF BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* 12 June 1878
4. *Place of Birth (Street and Number)* Baltimore 186 Eutaw street
5. *Full Name of Mother* Annie Watkins
6. *Mother's Maiden Name* Annie Ritz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Steven Watkins
9. *Father's Occupation* Draymann
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Rowland Wilson

Address No 381 Cross Street

Remarks

RETURN OF A BIRTH.

25276

HEALTH DEPT. JUL 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 12th 1878
4. *Place of Birth (Street and Number)* 336 W. Lombard st.
5. *Full Name of Mother* Margaret Ann Curley
6. *Mother's Maiden Name* Margaret Ann ~~Caulk~~
7. *Mother's Birthplace* ~~Baltimore~~
8. *Full Name of Father* Charles Henry Curley
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Samuel H. Henry M.D.

Address 198 Druid Hill Ave.

Remarks Full name of child - Charles Henry Curley

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23277

19

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 14 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	June 13th 1878
4. Place of Birth (Street and Number)	311 E. Baltimore St.
5. Full Name of Mother	Mrs. Sarah F. Smith
6. Mother's Maiden Name	Miss Mary Crawford
7. Mother's Birthplace	Frederick Co. Md
8. Full Name of Father	Julius Franklin Smith
9. Father's Occupation	Printer
10. Father's Birthplace	Hamilton Mass.
Name of Medical Attendant, or other Person who makes this Return.	C. F. Buttermann, M.D.
Address	414 Gay St.
Remarks	

RETURN OF A BIRTH.

25278

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

JUN 14 1878 MORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 13/78.
4. *Place of Birth (Street and Number)* 354 Mc. Donough st.
5. *Full Name of Mother* Maria Nader
6. *Mother's Maiden Name* " Kimmel
7. *Mother's Birthplace* Europe
8. *Full Name of Father* Charles Nader
9. *Father's Occupation* Stonecutter
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. P. S. Dauschmid

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25279

HEALTH DEPT JUN 15 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

June 14 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd / 11

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 13th 1878

4. Place of Birth (Street and Number) 108 Wash St 11

5. Full Name of Mother Lora Metz

6. Mother's Maiden Name Lora Mate

7. Mother's Birthplace America

8. Full Name of Father Frank Metz

9. Father's Occupation Carpenter

10. Father's Birthplace America

Name of Medical Attendant, or other Person who makes this Return. W. H. Arnold

Address No 721 Hollins St.

Remarks 11

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23280

HEALTH DEPT. JUN 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 12th 1878
4. *Place of Birth (Street and Number)* 163 Eastern Ave.
5. *Full Name of Mother* Mathilde Droll
6. *Mother's Maiden Name* Mathilde Dietrich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Droll
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. M. Amend

Address No. 17 Wolfe St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25281

To the Office of Registrar of Vital Statistics, Board of Health.

JUN 15 1878

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 13 d. 1878
4. Place of Birth (Street and Number)	326 N. Broadway
5. Full Name of Mother	Lena Schonnich
6. Mother's Maiden Name	L. Fisch
7. Mother's Birthplace	Germany
8. Full Name of Father	Otto Schonnich
9. Father's Occupation	School Teacher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Mary R. Badger
Address	134 N. Bond Street
Remarks	

25282

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 13 th 1878
4. Place of Birth (Street and Number)	No 556 Hanover st
5. Full Name of Mother	Susana Pahle
6. Mother's Maiden Name	Schweitzer
7. Mother's Birthplace	America
8. Full Name of Father	Michael Pahle
9. Father's Occupation	Laborer
10. Father's Birthplace	Germaney
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

25283

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth child

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* White Child
3. *Date of Birth* 13 of June
4. *Place of Birth (Street and Number)* No 61 Lanvale street
5. *Full Name of Mother* Bridget Mc Kay
6. *Mother's Maiden Name* Bridget Higgins
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Mc Kay
9. *Father's Occupation* Plaster.
10. *Father's Birthplace* Limrick Ireland

Name of Medical Attendant, or other Person who makes this return Mary E. Sweeney

Address 59 Lanvale Street

Remarks 8 Lives. born child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2B 2811

HEALTH DEPT. JUN 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 4 " "
1. *Sex (state whether Male or Female)*	Boy
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 13th 1878
4. *Place of Birth (Street and Number)*	125 Conway St.
5. *Full Name of Mother*	Maggie Dawes
6. *Mother's Maiden Name*	Maggie Dawes
7. *Mother's Birthplace*	Bath City
8. *Full Name of Father*	John F Lloyd
9. *Father's Occupation*	Boss. Carter
10. *Father's Birthplace*	Bath City
Name of Medical Attendant, or other Person who makes this return	Deborah Thomas
Address	71 Burgundy alley
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2528 B

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ 7th

1. Sex (state whether Male or Female) ~~White~~ Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 13th 1878

4. Place of Birth (Street and Number) Baltimore York St. No 101

5. Full Name of Mother Margret Young

6. Mother's Maiden Name " Cansant

7. Mother's Birthplace Baltimore

8. Full Name of Father John Young

9. Father's Occupation Salesmaker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Scarborough

Address No 220 Montgomery Street

Remarks

RETURN OF A BIRTH.

25286

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th "
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	13th June 1878.
4. *Place of Birth (Street and Number)*	Hollidan st
5. *Full Name of Mother*	Mr. Dunbrock
6. *Mother's Maiden Name*	M. Schroeder
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	J. Dandrodt
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mary Walter
Address	12 N Caroline
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25287

HEALTH DEPT. JUN 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13 June
4. *Place of Birth (Street and Number)* 24 Allemaile Street
5. *Full Name of Mother* Barbara Sponsiemer
6. *Mother's Maiden Name* Flick
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Sponsiemer
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25288

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Thirteenth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	13 June.
4. Place of Birth (Street and Number)	293 Hamburg St.
5. Full Name of Mother	Maggie J Dorschell
6. Mother's Maiden Name	" Wallace
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Dorschell
9. Father's Occupation	Butcher
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kath
Address	328 South Eutaw St
Remarks	

RETURN OF A BIRTH.

2.5289

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 13 1878
4. *Place of Birth (Street and Number)*	430 W. Calhoun St.
5. *Full Name of Mother*	Mary E. Anderson
6. *Mother's Maiden Name*	Fowler
7. *Mother's Birthplace*	Balto. Co. Md.
8. *Full Name of Father*	Richard Fairfax Anderson
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Prince George Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431 Penna Ave
Remarks	

RETURN OF A BIRTH.

25290

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Spring Strut 113
1. *Sex (state whether Male or Female)*	Male Colored
2. *Race or Color (if not of the white race)*	Colord
3. *Date of Birth*	june 13
4. *Place of Birth (Street and Number)*	
5. *Full Name of Mother*	Elizth Barton
6. *Mother's Maiden Name*	Elizth Deane
7. *Mother's Birthplace*	Snow hill Maryland
8. *Full Name of Father*	William Barton
9. *Father's Occupation*	Laboring Hand
10. *Father's Birthplace*	Wayford County
Name of Medical Attendant, or other Person who makes this return	Elizth Foot
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second White Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 26th 1878 — 4 o'clock P.M.
4. Place of Birth (Street and Number)	No Burgundy Alley
5. Full Name of Mother	Margaretha Rebecca Fowler
6. Mother's Maiden Name	Nee Haidel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jeremiah Kinsey Polk Fowler
9. Father's Occupation	Foreman B. O R R
10. Father's Birthplace	Worcester County, Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Rebecca Ann Geiss, Midwife
Address	Corbett near Belair Baltimore County Md
Remarks	Baltimore County Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25292

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* 15 June 1878
4. *Place of Birth (Street and Number)* 65 Jinkins alley
5. *Full Name of Mother* Sarah Brown
6. *Mother's Maiden Name* " " Brooks
7. *Mother's Birthplace* Ston Shon
8. *Full Name of Father* John Brown
9. *Father's Occupation* White Washer
10. *Father's Birthplace* St Marys County

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

25293

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, wit.in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	June the 23. 1878
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	on the 13 of this month
4. Place of Birth (Street and Number)	No. 6. Clarksen Aly
5. Full Name of Mother	mary E green
6. Mother's Maiden Name	mary E gainse
7. Mother's Birthplace	Chester town
8. Full Name of Father	Charls green
9. Father's Occupation	Salor
10. Father's Birthplace	Chester town
Name of Medical Attendant, or other Person who makes this Return.	Susan Butler
Address	No 86 goodmon Aly
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14 1878
4. Place of Birth (Street and Number)	163 N. Lombard St. (Md Maternity)
5. Full Name of Mother	Carrie Harrington
6. Mother's Maiden Name	Unknown
7. Mother's Birthplace	Maryland
8. Full Name of Father	Mr. Harrington
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return.	David Streett Md
Address	Maryland Lying in Asylum — 163 N Lombard St
Remarks	Mother + child doing well.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25295

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* June 17th 1878 -
4. *Place of Birth (Street and Number)* #156. Vine St -
5. *Full Name of Mother* Harriet Lee
6. *Mother's Maiden Name* Harriet Owens.
7. *Mother's Birthplace* St Michaels -
8. *Full Name of Father* Charles Lee
9. *Father's Occupation* Laborer -
10. *Father's Birthplace* Cambridge

Name of Medical Attendant, or other Person who makes this Return. Laura W. Cole

Address 174 - Vine St

Remarks The mother doing well -

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

11 25296

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether ~~Male or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 14. 1878
4. *Place of Birth (Street and Number)* N. Wolfe St. No 113..
5. *Full Name of Mother* Mariana Dieterle
6. *Mother's Maiden Name* Mariana Walzen
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Christopher Dieterle
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25297

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1918 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Spare
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14
4. Place of Birth (Street and Number)	Baltimore City 1122 Bethel St.
5. Full Name of Mother	Geraldine E. Hammett
6. Mother's Maiden Name	Geo. Baker
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	Frank Hammett
9. Father's Occupation	Express Business
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Dr. Sarah Nevett
Address	536 Asquith street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25298

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 18 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 14th 1878
4. *Place of Birth (Street and Number)* Johnson Street No 178
5. *Full Name of Mother* Mary Raedisch
6. *Mother's Maiden Name* Mary Wilson.
7. *Mother's Birthplace* Baltimore. Md.
8. *Full Name of Father* Charles Raedisch
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this return Dorothea Bruns

Address 114 Battery Ave

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25299

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex (state whether Male or Female)*	~~Female~~ Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 14th 1878
4. *Place of Birth (Street and Number)*	No 488 Saint Paul
5. *Full Name of Mother*	Lizzie Johnson
6. *Mother's Maiden Name*	Lizzie Landheim
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Johnson
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	E. Johnson
Address	No 170 Saint [illegible]
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25300

HEALTH DEPT. JUN 19 1878 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colord Race
3. *Date of Birth* June the 14 18 78
4. *Place of Birth (Street and Number)* orleans St 233 Baltimore
5. *Full Name of Mother* Lucy Balord
6. *Mother's Maiden Name* Lucy Johnson
7. *Mother's Birthplace* Annamesex virginia
8. *Full Name of Father* Leven Balord
9. *Father's Occupation* Labor
10. *Father's Birthplace* Dorchester Co md

Name of Medical Attendant, or other Person who makes this Return Lucinda Walford

Address 130 Register St Baltimore M d

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25301

HEALTH DEPT JUN 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 14 th 1878
4. *Place of Birth (Street and Number)* 272 Ann st
5. *Full Name of Mother* Mary Seille
6. *Mother's Maiden Name* Mary Beute
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Seille
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Seille

Address 99 Lemaster st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

25302

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUN 19 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child.
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	June 14th 1878.
4. *Place of Birth (Street and Number)*	576. Hanover St.
5. *Full Name of Mother*	Clara Leutner.
6. *Mother's Maiden Name*	" Craig.
7. *Mother's Birthplace*	Balto. City.
8. *Full Name of Father*	Wm F. Leutner
9. *Father's Occupation*	Glass blower.
10. *Father's Birthplace*	Balto. City.
Name of Medical Attendant, or other Person who makes this return	R. J. N. Tall. M.D.
Address	152 S. Sharp St.
Remarks	Child living.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25302

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 14th 1878
4. Place of Birth (Street and Number) Pennsylvania Avenue and Clifton Streets
5. Full Name of Mother Lina Luyger
6. Mother's Maiden Name Lina Kroltmann
7. Mother's Birthplace Soerlohn Westfalia Germany
8. Full Name of Father Frederick Otto Luyger
9. Father's Occupation Entertainer Artist
10. Father's Birthplace Hagen Westfalia Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. L. Kleiser

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25304

HEALTH DEPT. JUN 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 June
4. *Place of Birth (Street and Number)* No 5 Constitution Street
5. *Full Name of Mother* Henrietta Dorsey
6. *Mother's Maiden Name* Weigel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Dorsey
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Sisson

Address No 70 County Street

Remarks

RETURN OF A BIRTH.

25305

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	june 14th
4. *Place of Birth (Street and Number)*	121 york st
5. *Full Name of Mother*	mary brown
6. *Mother's Maiden Name*	mary cornish
7. *Mother's Birthplace*	chambridge
8. *Full Name of Father*	marcellas brown
9. *Father's Occupation*	labour
10. *Father's Birthplace*	hartford county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 patps co arrive healthy child

This blank you are, as Coroner, Attorney, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,5306

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 15. 1878
4. Place of Birth (Street and Number)	Baltimore No 1 welker st
5. Full Name of Mother	Mary Thomas
6. Mother's Maiden Name	Mary Booth
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Thomas
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25307

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 15th 1878
4. *Place of Birth (Street and Number)* No 3 Front Street
5. *Full Name of Mother* Minnie Schaller
6. *Mother's Maiden Name* Minnie Swalek
7. *Mother's Birthplace* Prussia
8. *Full Name of Father* Philip Schaller
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this return E. Bonnin M.D.

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25308

HEALTH DEPT. JUN 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 12th 1878
4. Place of Birth (Street and Number)	236 West Pratt St
5. Full Name of Mother	Esther Marks
6. Mother's Maiden Name	Esther Samuel
7. Mother's Birthplace	England
8. Full Name of Father	Abram Samuel
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25309

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16th 1878
4. Place of Birth (Street and Number)	6 E Lamburg st
5. Full Name of Mother	Charlotte Baker
6. Mother's Maiden Name	Charlotte Menshaw
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Joseph Menshaw Baker
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Coote M.D.
Address	
Remarks	

25310

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 15 1878
4. Place of Birth (Street and Number) No 232 West Fayette st
5. Full Name of Mother Mollie Watson
6. Mother's Maiden Name Mollie Johnson
7. Mother's Birthplace Prince George Co Md
8. Full Name of Father Ernest Watson
9. Father's Occupation Farmer
10. Father's Birthplace Annapolis Anne Arundel Co Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Warren

Address 258 West Baltimore st

Remarks None x

RETURN OF A BIRTH.

25311

JUN 20 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th June
4. Place of Birth (Street and Number)	176 Constitution St
5. Full Name of Mother	Julia Mc Graine
6. Mother's Maiden Name	Donahue
7. Mother's Birthplace	Ireland
8. Full Name of Father	Francis Mc Graine
9. Father's Occupation	Foreman of Livery Stable
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25312

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. JUN 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 st
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 15 1878
4. *Place of Birth (Street and Number)*	272 Broadway
5. *Full Name of Mother*	Fanny Rothen
6. *Mother's Maiden Name*	Meyrum
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Isaac Rothen
9. *Father's Occupation*	Cigar dealer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary Jacobs
Address	99 Lancaster St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25313

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15th June 1878
4. *Place of Birth (Street and Number)*	9 North Wolfe st
5. *Full Name of Mother*	Mari Schramb
6. *Mother's Maiden Name*	Mary Baranger
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Charles Fredrick Baranger
9. *Father's Occupation*	Laborer man
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Clementina Kunkel
Address 71	North Chapel st p. John Kunkel
Remarks	Healthy.

WM. J. C. DULANY & SNS. CITY PRINTERS & STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25314

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 21 1878

HEALTH DEPT. JUN 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 15th 1878.
4. *Place of Birth (Street and Number)* Highland Haven.
5. *Full Name of Mother* A. Koenig
6. *Mother's Maiden Name* A. Schaefer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* B. Koenig
9. *Father's Occupation* Grocer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Powell.

Address 131 Maple St.

Remarks ——

RETURN OF A BIRTH.

25313

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 16th 1878
4. Place of Birth (Street and Number)	816 W Balto st
5. Full Name of Mother	Mrs Augusta C. Miller
6. Mother's Maiden Name	Mary " Spaller
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Mr Justus Henry Miller
9. Father's Occupation	Boot & Shoe Manufacturer
10. Father's Birthplace	Hessen Cassel Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Anna Dreuler
Address	60 Schroeder St
Remarks	

The law provides, according to which any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22316

JUN 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. " "

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 15th 1878.
4. *Place of Birth (Street and Number)* 332 E. Monument St.
5. *Full Name of Mother* Rosa Brown
6. *Mother's Maiden Name* R. Rorrkamp
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Brown
9. *Father's Occupation* Copper Smith
10. *Father's Birthplace* New-York.

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 E. Monument St.

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

25317

HEALTH DEPARTMENT JUN 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 16. 1878.
4. *Place of Birth (Street and Number)* N. Chester St. No 105.
5. *Full Name of Mother* Margaretha Gensch
6. *Mother's Maiden Name* Margaretha Bey
7. *Mother's Birthplace* Wellenhausen. Gr Hessen. Germany
8. *Full Name of Father* Conrad Gensch
9. *Father's Occupation* Brickslayer
10. *Father's Birthplace* Nidda. Gr. Hessen, Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St No 26.

Remarks dead born

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25318

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 15 1898 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	May 16 1898
4. Place of Birth (Street and Number)	98 Green Mount Ave
5. Full Name of Mother	Mary Heddenman
6. Mother's Maiden Name	" Bloss
7. Mother's Birthplace	Howard Co Md
8. Full Name of Father	Henry Heddenman
9. Father's Occupation	Policeman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rice
Address	84 Mulberry St
Remarks	

RETURN OF A BIRTH.

25319

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 16th 1878
4. Place of Birth (Street and Number)	230 Madeira Alley
5. Full Name of Mother	Fredericka Frank
6. Mother's Maiden Name	Fredericka Stahl
7. Mother's Birthplace	Germany
8. Full Name of Father	Ludwig Frank
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Caplan
Address	52 E. Lombard St
Remarks	

The midwife, physician, householder, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25320

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

It is only necessary, according to law, for the wife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 31 Ward
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	it is White Race
3. Date of Birth	16 June 1878
4. Place of Birth (Street and Number)	Baltimor Dohoma St No 33
5. Full Name of Mother	R Casper
6. Mother's Maiden Name	R Cohanor
7. Mother's Birthplace	Bohama
8. Full Name of Father	Joseph Cohanor
9. Father's Occupation	Sailor
10. Father's Birthplace	Bahama
Name of Medical Attendant, or other Person who makes this Return.	Mary Curtis
Address	No 69 Wilkon St
Remarks	

Baltimore . Md. D.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25321

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th. Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	16 June 1878
4. *Place of Birth (Street and Number)*	171 Patton Park. ave
5. *Full Name of Mother*	Amile Sprater
6. *Mother's Maiden Name*	Amile Burgmer
7. *Mother's Birthplace*	West Carton
8. *Full Name of Father*	Herman Sprater
9. *Father's Occupation*	Schoolmaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Louis. Wiley
Address	172 Patton. Park. ave
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUN 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 June
4. Place of Birth (Street and Number)	Prices Place
5. Full Name of Mother	Johanna McKenna
6. Mother's Maiden Name	Fitzgerald
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert McKenna
9. Father's Occupation	Iron Moulder
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Chrisman
Address	No 7 Forrest Place
Remarks	

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2323

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 16th 1878.
4. *Place of Birth (Street and Number)* 127 S. Ann st
5. *Full Name of Mother* Susan Collins Calvert.
6. *Mother's Maiden Name* Susan C. Robinson.
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* John Thomas Calvert.
9. *Father's Occupation* Mariner.
10. *Father's Birthplace* Alexandria Virginia.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell.

Address 207 S. Broadway.

Remarks

I am any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25324

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	9 te
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 16. 1878
4. Place of Birth (Street and Number)	N. Wolf str No 24.
5. Full Name of Mother	Barbara Rensfelder
6. Mother's Maiden Name	Biel
7. Mother's Birthplace	Herdek Bayern
8. Full Name of Father	Johann Rensfelder
9. Father's Occupation	Schuhmaker
10. Father's Birthplace	Ehrenbach Bayern
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Rompoch
Address	South Wolf str No 28.
Remarks	Landwehr

Any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25325

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 16. 1878
4. Place of Birth (Street and Number)	Dunken Alley No 124
5. Full Name of Mother	Rosalia Eberlein
6. Mother's Maiden Name	Pfaff
7. Mother's Birthplace	York Pennsylvania
8. Full Name of Father	Michel Eberlein
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Fah. Roucprach
Address	South Wolfstr No 28
Remarks	Mrs Druse

RETURN OF A BIRTH.

25326

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	16th of June 1878
4. Place of Birth (Street and Number)	1 N. Bruns St.
5. Full Name of Mother	Babette Reikes
6. Mother's Maiden Name	Mehrbin
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Reikes
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Aerne Lindner
Address	No 45 Monroe St
Remarks	

Any physician, accoucheur, midwife, or other person in charge, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25327

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 16 June
4. *Place of Birth (Street and Number)* Baltimore Clarits Ally No 11
5. *Full Name of Mother* Mary Brown
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Brown
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address No 387 Cross Street

Remarks

RETURN OF A BIRTH.

23328

RECEIVED
JUN
26
1878
REGISTRAR'S OFFICE
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 16th 1878
4. Place of Birth (Street and Number)	146 n. Wolf Str
5. Full Name of Mother	Magdelena Franke
6. Mother's Maiden Name	M. Sauer
7. Mother's Birthplace	Germany
8. Full Name of Father	F. G. Franke
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dina Hillegust
Address	182 east Monument St.
Remarks	

That any physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* F

2. *Race or Color (if not of the white race)*

3. *Date of Birth* June 16, 78

4. *Place of Birth (Street and Number)* 487 Franklin St

5. *Full Name of Mother* Virginia Culbertson

6. *Mother's Maiden Name* Stone

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Isaac G Culbertson

9. *Father's Occupation* Police

10. *Father's Birthplace* Balto Co Md

Name of Medical Attendant, or other Person who makes this return H M Eastman

Address 349

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25330

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 16th 78
4. Place of Birth (Street and Number)	S. E. Charles & Mariott Sts
5. Full Name of Mother	Nellie Wade
6. Mother's Maiden Name	Alcock
7. Mother's Birthplace	Balt city
8. Full Name of Father	Charles Wade
9. Father's Occupation	Merchant (cancer)
10. Father's Birthplace	Balt. city
Name of Medical Attendant, or other Person who makes this Return.	M. Albers M. D.
Address	95 S. Sharp St
Remarks	

The duty physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25331

HEALTH DEPARTMENT JUN 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 16th June 16th 1878.
4. Place of Birth (Street and Number) No 141 S. Sharp
5. Full Name of Mother Kate F. Howard
6. Mother's Maiden Name Kate F. Emmert
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Howard
9. Father's Occupation Candy maker
10. Father's Birthplace Massachusetts

Name of Medical Attendant, or other Person who makes this return Mary A Allwell

Address 256 N Donough st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians, Midwives, Householders, Undertakers, Keepers of Lying-in Hospitals, Asylums, Almshouses, Prisons, Boarding-houses, Hotels, Factories, Steamboats, Railroads, Canal Boats, Ferry Boats, Stages, Omnibuses, Sextons, Clergymen, Coroners, Magistrates, Ministers, Superintendents, Managers, Conductors, Captains, Agents, Keepers, Proprietors, Lessees, Occupants, Owners, Drivers, Stewards, Matrons, Nurses

RETURN OF A BIRTH.

25332

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1935 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	June 17 1878
4. Place of Birth (Street and Number)	Jno Maternite, 163 N. Lombard St
5. Full Name of Mother	Nellie Joyce
6. Mother's Maiden Name	Nellie Joyce
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return	David Streett MD
Address	Jno Maternite — 163 N. Lombard St
Remarks	Mother & child doing well, child weighing 8lbs when born

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25333

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 5th 1875
4. Place of Birth (Street and Number)	524 Washington Ste
5. Full Name of Mother	Johanna Dorgant
6. Mother's Maiden Name	Johanna Gouch
7. Mother's Birthplace	Germany
8. Full Name of Father	George D. Domann
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E Lombard Ste
Remarks	

...ing, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25334

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Black

3. Date of Birth June 17. 1878

4. Place of Birth (Street and Number) 331 N. Howard St.

5. Full Name of Mother Narcilla Hayden

6. Mother's Maiden Name "

7. Mother's Birthplace Heathville. Va.

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. W. E. Moseley M. D.

Address 136 N. Liddle St.

Remarks

Every Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25335

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ninth

1. *Sex (state whether Male or Female)* a fine healthy boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 th
4. *Place of Birth (Street and Number)* 94 arlington avenue
5. *Full Name of Mother* Martha Noll
6. *Mother's Maiden Name* Martha gantner
7. *Mother's Birthplace* germany
8. *Full Name of Father* John Noll
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address 13 Clinton avenue

Remarks

Any Physician, Accoucheur, Midwife, or other Person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23336

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	17 June
4. *Place of Birth (Street and Number)*	68 Eastern Ave
5. *Full Name of Mother*	Bridget ~~Yewlest~~ Yewlest
6. *Mother's Maiden Name*	Bridget Hogen
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Lenia Yewlest
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	
Address	Mrs Eliza Fleming
Remarks	95 Aberdeen St Baltimore Md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Every Physician, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25337

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEP JUN 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth June 17 1878
4. Place of Birth (Street and Number) 211 Ann st
5. Full Name of Mother Meaney ~~Shay~~
6. Mother's Maiden Nome Meaney Lightman
7. Mother's Birthplace Baltimore
8. Full Name of Father William Shay
9. Father's Occupation Lawborer
10. Fother's Birthplace Baltimore

Nome of Medical Attendont, or other Person who makes this return Mary Scott

Address 49 Lancaster St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall neglect, refuse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25338

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That the physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 17th 78
4. *Place of Birth (Street and Number)* No 61 Walker St
5. *Full Name of Mother* Mary Jones
6. *Mother's Maiden Name* " Turner
7. *Mother's Birthplace* A. A. Co. Md
8. *Full Name of Father* Geo. A. Jones
9. *Father's Occupation* Genl Labourer
10. *Father's Birthplace* Prince Geo Co Md

Name of Medical Attendant, or other Person who makes this Return. Dr. D. Blake M.D.

Address 61 E. Jones St

Remarks

RETURN OF A BIRTH.

25329

HEALTH DEPARTMENT JUN 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) Sixth.

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White.
3. Date of Birth June 17th 1878.
4. Place of Birth (Street and Number) 133 S. Ann St.
5. Full Name of Mother Eliza Jane Roberts.
6. Mother's Maiden Name Eliza J. Philips.
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father William Charles Roberts.
9. Father's Occupation Engineer.
10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell.

Address 207 S. Broadway.

Remarks

If any physician, midwife, or other person in charge, who shall attend, more or less, at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25340

To the Office of Registrar of Vital Statistics, Board of Heaith.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 22 1878
BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ,

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* June 17
4. *Place of Birth (Street and Number)* 47 McElday st
5. *Full Name of Mother* frances Jones
6. *Mother's Maiden Name* frances Willson
7. *Mother's Birthplace* Baltimare
8. *Full Name of Father* steaph Jones
9. *Father's Occupation* Laber
10. *Father's Birthplace* Baltimare

Name of Medical Attendant, or other Person who makes this Return. mrs leon Johnson

Address C 32 stark st

Remarks healthy Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

253141

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 June
4. Place of Birth (Street and Number)	21 Ensor St
5. Full Name of Mother	Celestine Beter
6. Mother's Maiden Name	Oppenheimer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wilhelm Beter
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Josefine Simon
Address	220 Granby Street
Remarks	

RETURN OF A BIRTH.

25342

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. Sex (state whether Male or Female) Female Charlie henry hollie
2. Race or Color (if not of the white race) Colord
3. Date of Birth Charlie henry hollie born 17 june 10 port 75
4. Place of Birth (Street and Number) Born in whone Street mumber 21
5. Full Name of Mother Leah jane hollie
6. Mother's Maiden Name Leah jane green
7. Mother's Birthplace of Baltimore M D
8. Full Name of Father Work in the Brickyard
9. Father's Occupation Brannel hollie
10. Father's Birthplace Keintiald M D

Name of Medical Attendant, or other Person who makes this Return: my docter Was annie jhonson

Address eighty plush allie

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25343

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 17th 8 30 P.M. 1878
4. Place of Birth (Street and Number) 343 E. Pratt St
5. Full Name of Mother Carrie Hermes Hollmeier
6. Mother's Maiden Name Carrie Hermes DeMangin
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Wendler Ballman
9. Father's Occupation Machinist
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D

Address 299 E. Baltimore Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

253441

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 17th 1878
4. Place of Birth (Street and Number)	No 31 Lexington
5. Full Name of Mother	Belle E. Smith
6. Mother's Maiden Name	Belle E. Smith
7. Mother's Birthplace	Montgomery Co. Md.
8. Full Name of Father	Wm. H. Smith
9. Father's Occupation	Upholsterer
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	A. L. Gill
Address	153 Park Place
Remarks	

RETURN OF A BIRTH.

25345

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 18th 1878
4. Place of Birth (Street and Number)	S.W. Cor ~~Gay~~ Forrest sts
5. Full Name of Mother	Margaret E. Hemmick.
6. Mother's Maiden Name	" " Jones.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. H. Hemmick.
9. Father's Occupation	Asst Supt of Water Works. Gamalias
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Edward P. Wells
Address	137 N. Exeter st
Remarks	

Within six days after the birth of any child, the Physician, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25346

JUN 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex (state whether Male or Female) ~~White~~ Female

2. Race or Color (if not of the white race) ~~18 June 1878~~ White

3. Date of Birth 18 June 1878

4. Place of Birth (Street and Number) No 162 Myrtle Ave"

5. Full Name of Mother Mary Eva Peters

6. Mother's Maiden Name " " Geis

7. Mother's Birthplace Baltimore City

8. Full Name of Father Wm Henry Peters

9. Father's Occupation Bookbinder

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Charles A Geiger M. D.

Address No. 267 Druid Hill Ave

Remarks

that any physician, midwife, or other person who shall neglect or refuse to advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25317

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 June
4. *Place of Birth (Street and Number)* 361 E. Pratt St
5. *Full Name of Mother* Marion D. Janney
6. *Mother's Maiden Name* Marion Brad
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William W. Janney
9. *Father's Occupation* Sec & Treas of Coates Company
10. *Father's Birthplace* Florida

Name of Medical Attendant, or other Person who makes this Return. J. Schmidt M.D.

Address 92 N. Eutaw St

Remarks

That any physician, accoucheur, midwife, or other person in charge of any lying-in hospital, or any other person who shall advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25348

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th 1878
4. Place of Birth (Street and Number)	25 Randall St
5. Full Name of Mother	Isabel Doenges
6. Mother's Maiden Name	Isabel Mayfield
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick Doenges
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25319

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 18th. 1878
4. *Place of Birth (Street and Number)*	Belair av. opposite Masons.
5. *Full Name of Mother*	R. Troll
6. *Mother's Maiden Name*	R. Volk.
7. *Mother's Birthplace*	Bavaria Ger.
8. *Full Name of Father*	John Troll.
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. J. Bird
Address	No 185 cor. of Monument St. & Belair av.
Remarks	Well.

RETURN OF A BIRTH.

25350

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY,

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1st

1. Sex (state whether Male or ~~Female~~) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 18th 1878

4. Place of Birth (Street and Number) 131 N. Eden st

5. Full Name of Mother Clementine Eliza Craig

6. Mother's Maiden Name Clementine E. Barton

7. Mother's Birthplace Baltimore City Md

8. Full Name of Father George Wm. Hume Craig

9. Father's Occupation Attorney at Law

10. Father's Birthplace Cecil County Md

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell

Address 207 S. Broadway.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25351

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) colored
3. Date of Birth june 18
4. Place of Birth (Street and Number) 41 spring st
5. Full Name of Mother Annie collins
6. Mother's Maiden Name Annie hitchins
7. Mother's Birthplace Baltimore
8. Full Name of Father John Collins
9. Father's Occupation porter
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. mrs Leah Johnson
Address 32 stark st
Remarks healthy child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25352

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	1st
1. Sex (~~state whether Male or~~ Female)	Sadie
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	June 18th 1878.
4. Place of Birth (Street and Number)	133 N. Calhoun St.
5. Full Name of Mother	Georgiana M. Deford.
6. Mother's Maiden Name	Georgiana M. Brady.
7. Mother's Birthplace	Balto City
8. Full Name of Father	Thomas G. Deford.
9. Father's Occupation	Book Keeper.
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John S. D. Steuart M.D.
Address	" " "
Remarks	Living.

RETURN OF A BIRTH.

25353

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUN 21 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Jane Hall, Jane Combath
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth Tuesday 18th
4. Place of Birth (Street and Number) No 1 Dec Eley Alley
5. Full Name of Mother Jane Combath
6. Mother's Maiden Name Jane Hall
7. Mother's Birthplace John Combath
8. Full Name of Father Sailor
9. Father's Occupation Easton
10. Father's Birthplace Susan Morgan midwife
Name of Medical Attendant, or other Person who makes this Return. 47 N Durham st
Address
Remarks

And also of the birth of any child, within the City of Baltimore, shall Report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

253571

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* Female Child
2. *Color* [redacted] Colored Race
3. *Date of Birth* 18 of June
4. *Place of Birth (Street and Number)* Ohio Avenue No 32
5. *Full Name of Mother* Elluzenia Borge
6. *Mother's Maiden Name* Kingble
7. *Mother's Birthplace* Residence Baltimore MD
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Emley Hughes

Address Emley Hughes

Remarks

RETURN OF A BIRTH.

25355

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 18 th 1878
4. Place of Birth (Street and Number)	10 Clarence st
5. Full Name of Mother	Louise Seipp
6. Mother's Maiden Name	Conrad
7. Mother's Birthplace	America
8. Full Name of Father	Charles Seipp
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Schroeder midwife
Address	213 Cross st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25356

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18th 1878
4. Place of Birth (Street and Number)	536 Saratoga St.
5. Full Name of Mother	Kate Mc Gurk Mc Gee
6. Mother's Maiden Name	
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Mc Gurk
9. Father's Occupation	Gatager
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M. D.
Address	112 N. Greene St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25357

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 18th 1878.
4. *Place of Birth (Street and Number)*	44 Greenmount Ave.
5. *Full Name of Mother*	Louisa Gallion
6. *Mother's Maiden Name*	L. Frisch
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm Gallion
9. *Father's Occupation*	Granite Stone
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Dina Hillegast
Address	182 E. Monument St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25358

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 18th 1878.
4. *Place of Birth (Street and Number)* Madison Str
5. *Full Name of Mother* M. Schulz
6. *Mother's Maiden Name* M. Wolff.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Schulz
9. *Father's Occupation* Merchant Ship broker
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegiot

Address No 182 east Monument Str

Remarks

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25359

JUN 26 1878

BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 18th 1878
4. Place of Birth (Street and Number) 241 n. Gay Sts.
5. Full Name of Mother Mary Blessing
6. Mother's Maiden Name M. Reese
7. Mother's Birthplace Germany
8. Full Name of Father John Blessing
9. Father's Occupation Tobacconist
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 e. Monument Sts

Remarks

RETURN OF A BIRTH.

25360

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT RECEIVED JUN 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18 1878
4. Place of Birth (Street and Number)	Hanover St
5. Full Name of Mother	M. L. Lear
6. Mother's Maiden Name	M L Sparks
7. Mother's Birthplace	N. Jersey
8. Full Name of Father	Theo Lear
9. Father's Occupation	Mechanic
10. Father's Birthplace	N York
Name of Medical Attendant, or other Person who makes this Return.	H B Noble MD
Address	17 Hanover St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 18 1878
4. Place of Birth (Street and Number)	144 Pearl St
5. Full Name of Mother	Mary Ellen Rieps
6. Mother's Maiden Name	Morrow
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Thomas Huckby Rieps
9. Father's Occupation	Farmer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Mr Reinecker
Address	by Mulberry St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25362

HEALTH DEPARTMENT JUN 19 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* June 19 1878
4. *Place of Birth (Street and Number)* Md. Lying-in Asylum — 163 N. Lombard St
5. *Full Name of Mother* Mary Williams
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mr. Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. David Streett M.D

Address Md. Lying-in Asylum — 163 N. Lombard St

Remarks Mother and Child doing well

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25363

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 19th 1878.
4. Place of Birth (Street and Number) 36 Eastern Ave
5. Full Name of Mother Mary Bibley
6. Mother's Maiden Name Mary Heinz
7. Mother's Birthplace Germany
8. Full Name of Father Charles F. Bibley
9. Father's Occupation Seaman.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold
Address No. 132 Wolfe St
Remarks M.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

253614

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	19 June
4. *Place of Birth (Street and Number)*	No 58 Bank
5. *Full Name of Mother*	Sarah Dunphy
6. *Mother's Maiden Name*	Sarah Fearon
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Blacksmith Patrick Dunphy
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Mrs Eliza Fleming
Address	No 95 Albemarle
Remarks	Baltimore Co. L

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25365

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 19 th 1878
4. Place of Birth (Street and Number)	B 6 Waber st
5. Full Name of Mother	Margareth Groh
6. Mother's Maiden Name	Hermann
7. Mother's Birthplace	Germaney
8. Full Name of Father	Martin Groh
9. Father's Occupation	~~Florist~~ Florist
10. Father's Birthplace	Germaney
Name of Medical Attendant, or other Person who makes this Return.	J Lohrasch midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

25366

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	June 19th 1878.
4. *Place of Birth (Street and Number)*	173 N. Paca St.
5. *Full Name of Mother*	Mary Marcellina Lally Byrne
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City.
8. *Full Name of Father*	James Edward Lally
9. *Father's Occupation*	Wagon Builder.
10. *Father's Birthplace*	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2536

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Coloured
3. Date of Birth	June 19th
4. Place of Birth (Street and Number)	10 Norris Alley
5. Full Name of Mother	Marg Gross
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Calvert County Md
8. Full Name of Father	Dennis Williams
9. Father's Occupation	Waiter
10. Father's Birthplace	Anne Arundel County Md
Name of Medical Attendant, or other Person who makes this Return.	Milly Blair
Address	53 Eastern ave
Remarks	it is well as can be expected

25368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June 19th
4. Place of Birth (Street and Number) Vine St. 156
5. Full Name of Mother Sidney Johnson
6. Mother's Maiden Name Sidney Hawkins
7. Mother's Birthplace Calvert County Md
8. Full Name of Father Cepher Johnson
9. Father's Occupation Laborer
10. Father's Birthplace Easton Md

Name of Medical Attendant, or other Person who makes this Return. Laura Cole

Address 174 Vine St Harrison Cole

Remarks Sick abed two weeks

...adries at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

25369

HEALTH DEPT. JUN 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	7 th
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 19 th 1878
4. Place of Birth (Street and Number)	Fort av
5. Full Name of Mother	M. Mourer
6. Mother's Maiden Name	M Machenity
7. Mother's Birthplace	~~J Mourer~~ Irland
8. Full Name of Father	J Mourer
9. Father's Occupation	Laborer
10. Father's Birthplace	Pensilvaina
Name of Medical Attendant, or other Person who makes this Return.	M. Horner
Address	106 West st
Remarks	

RETURN OF A BIRTH.

25370

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Brown Complexion
3. *Date of Birth* June 20th 1878
4. *Place of Birth (Street and Number)* No 16 Hamilton Street
5. *Full Name of Mother* Laura Burton
6. *Mother's Maiden Name* " Hedgeman
7. *Mother's Birthplace* Alexandria Va.
8. *Full Name of Father* George Burton
9. *Father's Occupation* Oysterman
10. *Father's Birthplace* Alexandria Va.,

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address 16 Hamilton Baltimore City

Remarks

RETURN OF A BIRTH.

215371

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 20th 1878
4. *Place of Birth (Street and Number)* N° 88 Hill st
5. *Full Name of Mother*
6. *Mother's Maiden Name* Kathern Mosser. Single
7. *Mother's Birthplace* America
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return J. Lahrpasser midwife

Address 213 Cross st

Remarks this Child died on the 21st of June. age 24 hours died in cause of sickness.

dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25372

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8?

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 20th '78
4. *Place of Birth (Street and Number)* 185 Druid Hill Ave
5. *Full Name of Mother* Julia Tyler Tyson
6. *Mother's Maiden Name* Julia Campbell Tyler
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Harry H. Tyson
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Phila

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M.D

Address 183 Linden Ave

Remarks L.O.a. normal

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25373

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 June
4. *Place of Birth (Street and Number)* 66 Central Ave
5. *Full Name of Mother* Ellen Klee
6. *Mother's Maiden Name* Rohlfink
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Klee
9. *Father's Occupation* Mare
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Greenly St.

Remarks

RETURN OF A BIRTH. 25371

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 June
4. *Place of Birth (Street and Number)* No 1 Laurel St
5. *Full Name of Mother* Louisa Siebrecht
6. *Mother's Maiden Name* Kielight
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Constant Siebrecht
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon
Address No 70 Lowndes St
Remarks

RETURN OF A BIRTH.

25375

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th June
4. *Place of Birth (Street and Number)* Balt No 141 Pine St
5. *Full Name of Mother* Magret Ritter
6. *Mother's Maiden Name* Magret Hell
7. *Mother's Birthplace* Germania
8. *Full Name of Father* John Hoff
9. *Father's Occupation* Boot Maker
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Dunder 60 Schroder St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25376

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 June
4. *Place of Birth (Street and Number)* 128 N Chapel St
5. *Full Name of Mother* Nibila Kahn
6. *Mother's Maiden Name* " Hays
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Alexander Kahn
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. J. Howard

Address 20 Barnes St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25377

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 20 78
4. *Place of Birth (Street and Number)* No 144 Washington Ave
5. *Full Name of Mother* Maria Brooks
6. *Mother's Maiden Name* Cummings
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* John Brooks
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Harrington

Address No 637 Canton Ave

Remarks

RETURN OF A BIRTH.

25378

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3tes Kind
1. *Sex (state whether Male or Female)*	Bub
2. *Race or Color (if not of the white race)*	Weiß
3. *Date of Birth*	geboren den 20ten June
4. *Place of Birth (Street and Number)*	№ 188 Eastern Av
5. *Full Name of Mother*	Anne Müller
6. *Mother's Maiden Name*	Ann Hacks
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Johann Müller
9. *Father's Occupation*	Handverbeiter
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this return	Friederike Kaufmann
Address	№ 204 S. Dallas Str
Remarks	Hemme

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25379

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUN 26 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* Girle
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 Junie
4. *Place of Birth (Street and Number)* 104 Alice Ann Street.
5. *Full Name of Mother* Agnes Rutkoske
6. *Mother's Maiden Name* Witeckie
7. *Mother's Birthplace* Wongrowicz Germany
8. *Full Name of Father* Jofa Wituky
9. *Father's Occupation* — — — — — —
10. *Father's Birthplace* Gotance

Name of Medical Attendant, or other Person who makes this return Marie Güttner

Address Wolfe Street 285.

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH.

25380

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 June
4. Place of Birth (Street and Number)	6 Wolf St
5. Full Name of Mother	Sarah E Haslin
6. Mother's Maiden Name	Washington
7. Mother's Birthplace	Liverpool England
8. Full Name of Father	Leroy A Haslin
9. Father's Occupation	Coach Smith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 1 Forest Place
Remarks	

Leroy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25381

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	20 June
4. Place of Birth (Street and Number)	24 full lane
5. Full Name of Mother	Charity Coats
6. Mother's Maiden Name	
7. Mother's Birthplace	West Virginia
8. Full Name of Father	Denby Coats
9. Father's Occupation	[redacted] laborer
10. Father's Birthplace	West Virginia
Name of Medical Attendant, or other Person who makes this Return.	mrs Lee Johnson
Address	no 32 Hunt st
Remarks	healthy

RETURN OF A BIRTH. 25382

1

N/V

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White N/V

3. Date of Birth June 20th 1878

4. Place of Birth (Street and Number) No 101. N. Washington St

5. Full Name of Mother Mary Cicily Ellinghaus

6. Mother's Maiden Name Sauer

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Frederick Wm Ellinghaus

9. Father's Occupation Cutter

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Francis U. Dauer M.D.

Address 105. S. Central Avenue.

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 23383

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 20 June 1878
4. *Place of Birth (Street and Number)* 157 W Biddle
5. *Full Name of Mother* Louisa G. Johnson
6. *Mother's Maiden Name* " " Powell
7. *Mother's Birthplace* md
8. *Full Name of Father* J. Thos Johnson
9. *Father's Occupation* Grocer
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G. L. Dandridge

Address 129 W Biddle

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

253811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 22 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 21st
4. Place of Birth (Street and Number)	312 S. Eutaw St
5. Full Name of Mother	Sophia Domvald
6. Mother's Maiden Name	" Bein
7. Mother's Birthplace	Prussia
8. Full Name of Father	G. H. Domvald
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kotz
Address	326 South Eutaw St
Remarks	

RETURN OF A BIRTH.

25335

HEALTH DEPARTMENT JUN 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth 8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 21st 1878
4. Place of Birth (Street and Number)	Cor Pratt & Eighteenth St
5. Full Name of Mother	Matilda L. Lenham
6. Mother's Maiden Name	" " Naylor
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ellis L. Lenham
9. Father's Occupation	Stone Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Isabella Olney
Address	286 E. Monument St
Remarks	Remarks Birth Lived 11 hours

RETURN OF A BIRTH.

25386

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 22 1878 BALTIMORE

undertaker F. Davis No. 103. Lee St

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth 21
4. Place of Birth (Street and Number) York street no. 510
5. Full Name of Mother Mary Lizia Crew
6. Mother's Maiden Name Pain
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard Crew
9. Father's Occupation Labor
10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who makes this Return. Susan E. Rodmon

Address 1.46 South Howard Street

Remarks 7 4 Months Child. Death Cause by lifting of Baby lived ofter minutes

advise at the birth of any child, within the City of Baltimore, shall report to the registrar of... within six days thereafter, stating distinctly the date of birth, sex, and color of the child ... born, its or their physical condition, whether still born or not, the full name, maiden ... of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25387

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* June 21st 1878
4. *Place of Birth (Street and Number)* No. 88 E. Pratt Street
5. *Full Name of Mother* Rosa Gettemeier
6. *Mother's Maiden Name* Rosa Guttenberg
7. *Mother's Birthplace* Baltimore Md U.S.A.
8. *Full Name of Father* William Gettemeier
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return C. Ridgway Snider M.D.

Address No. 124 E. Baltimore St.

Remarks Father of Intern. Except about Cord and Child Living Mother & Child doing well.

WM. J. C. DULANY & Co. CITY PRINTERS AND STATIONERS.

arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25388

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race)
3. Date of Birth June 21st 1878
4. Place of Birth (Street and Number) Williams Street. No 363
5. Full Name of Mother Margaret Patrick Kane.
6. Mother's Maiden Name Magrath
7. Mother's Birthplace Ireland.
8. Full Name of Father Thomas Kane.
9. Father's Occupation Labor
10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Baune.

Address 114 Battery Av.

Remarks

RETURN OF A BIRTH.

25389

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	14th child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	june 21th
4. *Place of Birth (Street and Number)*	no 12 ohio avenue
5. *Full Name of Mother*	elizebeth balard
6. *Mother's Maiden Name*	elizebeth lord
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	church Balard
9. *Father's Occupation*	labour
10. *Father's Birthplace*	princes ann county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 patps co avenue sick thy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Births are to be reported by every person in attendance, and report to the registrar above, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23-39

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 / 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21 June 1878
4. *Place of Birth (Street and Number)* 46 N. Washington St.
5. *Full Name of Mother* Christina Schaad
6. *Mother's Maiden Name* Volz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Philipp Schaad
9. *Father's Occupation* House Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E Eath St.

Remarks

RETURN OF A BIRTH.

25391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st child

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June Friday the 21
4. *Place of Birth (Street and Number)* No 22 Raine St
5. *Full Name of Mother* Sary Lica Jones
6. *Mother's Maiden Name* Sary Lica Gribbon
7. *Mother's Birthplace* Hoto America
8. *Full Name of Father* James Jones
9. *Father's Occupation* Labrer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

RETURN OF A BIRTH.

25392

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	21 first June 1878
4. Place of Birth (Street and Number)	294 W. Pratt N near Howard
5. Full Name of Mother	Mary Riehl
6. Mother's Maiden Name	Mary Riehl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo. Riehl
9. Father's Occupation	Baker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Anna Lindner.
Address	No. 46 Monroe St.
Remarks	

25393

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~),*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June. the. 21. 1878
4. *Place of Birth (Street and Number)* E. Madison St. No 244
5. *Full Name of Mother* Susanna Knoche
6. *Mother's Maiden Name* Susanna Sparnagel
7. *Mother's Birthplace* Egs. b. K. Austaia. Europa
8. *Full Name of Father* Ernst Knoche
9. *Father's Occupation* Grocer & Liquor Dealer
10. *Father's Birthplace* Hoffeismar. Pr Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

RETURN OF A BIRTH.

25394

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ten Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth June the 21, 1878.
4. Place of Birth (Street and Number) Fraser St Nº 29,
5. Full Name of Mother Barbara Reindel
6. Mother's Maiden Name Barbara Dillmann
7. Mother's Birthplace Eussenau, K. Baiern. Germany
8. Full Name of Father George Reindel
9. Father's Occupation Laborer
10. Father's Birthplace Oberhof. K. Baiern, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address Nº Baker St Nº 26.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23375

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
JUN
26
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	Coal
3. Date of Birth	June 21st 1878
4. Place of Birth (Street and Number)	No 37 Dill's St
5. Full Name of Mother	Caroline E. Carter
6. Mother's Maiden Name	
7. Mother's Birthplace	St Marys County Md
8. Full Name of Father	John T. Carter
9. Father's Occupation	Porter
10. Father's Birthplace	St Marys County
Name of Medical Attendant, or other Person who makes this Return.	Ellen Smith
Address	No 42 S. Sharp St
Remarks	

RETURN OF A BIRTH.

25396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 21st 1878
4. Place of Birth (Street and Number)	Eutes Lane
5. Full Name of Mother	Kathern Albrite
6. Mother's Maiden Name	Kathern Miller
7. Mother's Birthplace	Germany
8. Full Name of Father	Barney Albrite
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Rat... Hornor
Address	106 West st
Remarks	

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25397

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore June 23. 1878
1. Sex (state whether Male or Female)	female Child
2. Race or Color (if not of the white race)	Colord Child
3. Date of Birth	Born on the 21 of this month
4. Place of Birth (Street and Number)	No 78 goodmon Alz
5. Full Name of Mother	Lizer Johnson
6. Mother's Maiden Name	Lizer thomas
7. Mother's Birthplace	Anne Arundel County
8. Full Name of Father	William thomas
9. Father's Occupation	Work in the guiano Mill
10. Father's Birthplace	North Caroliner
Name of Medical Attendant, or other Person who makes this Return.	Susan Butler
Address	No 86 goodmon Alz
Remarks	

25398

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. June 23rd 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 21st 1878.
4. *Place of Birth (Street and Number)* No 186 South Ann Street.
5. *Full Name of Mother* Francis Smith.
6. *Mother's Maiden Name* Francis Tonner.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Louis Smith.
9. *Father's Occupation* Cooper.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Arnold.

Address No 17 S Wolfe St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25399

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 24 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth June 22d 1878
4. Place of Birth (Street and Number) William Street No 336
5. Full Name of Mother Charlotte Emrich
6. Mother's Maiden Name Charlotte Poggenhans.
7. Mother's Birthplace Germany.
8. Full Name of Father August Emrich.
9. Father's Occupation Engineer
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune

Address 114 Battery Av

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25400

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 22nd 1878 1.30 P. M.
4. *Place of Birth (Street and Number)* 116 E. Caroline Street
5. *Full Name of Mother* Emma Virginia Miller
6. *Mother's Maiden Name* Emma Virginia Hubbard
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Thomas Miller
9. *Father's Occupation* Hunter
10. *Father's Birthplace* Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D
Address 299 E. Baltimore Street
Remarks

RETURN OF A BIRTH.

23401

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 17 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	June 22d 1878
4. Place of Birth (Street and Number)	276 S. Eutaw St.
5. Full Name of Mother	Margaret Sweeny
6. Mother's Maiden Name	Leenty
7. Mother's Birthplace	Balto
8. Full Name of Father	Geo Sweeny
9. Father's Occupation	Salesman
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anna Dunlop 60 Lexington St
Remarks	

...ndyke at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25402

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* [illegible]
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks [illegible]

advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. If their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

1110 25403

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 22nd June 1878
4. *Place of Birth (Street and Number)* 38 Forest Street
5. *Full Name of Mother* Mary Susan Bedford
6. *Mother's Maiden Name* Mary Ann Anderson
7. *Mother's Birthplace* Baltimore County Maryland
8. *Full Name of Father* Edward Bedford
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Easton Talbot Maryland

Name of Medical Attendant, or other Person who makes this return Charlotte Fellon

Address 38 Forest Street Baltimore, Md.

Remarks

Every Physician, Midwife, or other person who shall attend upon any case of birth in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25401

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22 June
4. *Place of Birth (Street and Number)* No 251 Pratt St
5. *Full Name of Mother* Lina Stephan
6. *Mother's Maiden Name* Lina Vogler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Stephan
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. C Deuchler

Address No 251 Pratt St

Remarks

RETURN OF A BIRTH.

23403

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 22nd 1878
4. *Place of Birth (Street and Number)* 106 Hillen st "
5. *Full Name of Mother* Alice Jenkins
6. *Mother's Maiden Name* Davis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Williams Jenkins " "
9. *Father's Occupation* Packer
10. *Father's Birthplace* Portland Maine

Name of Medical Attendant, or other Person who makes this Return. P. L. Williams

Address 201 Madison Ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the Date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25406

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22d June 1878
4. *Place of Birth (Street and Number)* 63 Orleans St
5. *Full Name of Mother* Mary Walter
6. *Mother's Maiden Name* Moore
7. *Mother's Birthplace* U. States
8. *Full Name of Father* Edward Walter
9. *Father's Occupation* Baker
10. *Father's Birthplace* U States

Name of Medical Attendant, or other Person who makes this Return. Neal Casper

Address 52 E Lombard st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25407

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c)	4 te
1. Sex (state whether Male or Female)	Weibl
2. Race or Color (if not of the white race)	White
3. Date of Birth	Juny 22. 1878
4. Place of Birth (Street and Number)	N. E. Corner Wolf a. Bitle str
5. Full Name of Mother	Elisabeth Bond
6. Mother's Maiden Name	Ingenwald
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wilhelm Bond
9. Father's Occupation	Ingenier
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Hrs. Joh. Baumbach
Address	S. Wolf str No 28
Remarks	

RETURN OF A BIRTH.

23408

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22. June 1878
4. *Place of Birth (Street and Number)* Wolf St 52.
5. *Full Name of Mother* Dine Gaskel
6. *Mother's Maiden Name* Birnbaum
7. *Mother's Birthplace* Germany Posen
8. *Full Name of Father* Chas Gaskel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany Posen

Name of Medical Attendant, or other Person who makes this return — Wm Bryute

Address 116 E. Lombard St

Remarks none

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25409

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 June
4. Place of Birth (Street and Number)	180 Sterling St
5. Full Name of Mother	Margaret Conroy
6. Mother's Maiden Name	Tigh
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Conroy
9. Father's Occupation	Baker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Ursula J Chrismer
Address	No 7 Forsest Place
Remarks	

RETURN OF A BIRTH.

25410

To the Office of Registrar of Vital Statisiics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 26 1878
BALTIMORE

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 22nd 1878
4. Place of Birth (Street and Number)	Winslow St No 1.
5. Full Name of Mother	Mary Virginia Franklin
6. Mother's Maiden Name	Mary V. Pinfield
7. Mother's Birthplace	Westminster Carroll Co Md
8. Full Name of Father	Frederick Wm Franklin
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L G Spanow M.D.
Address	N. Stricker St No 427
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2511 11

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
JUN 26 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	22 june
4. Place of Birth (Street and Number)	150 low st
5. Full Name of Mother	Eliza Richerson
6. Mother's Maiden Name	Eliza Denison
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Richerson
9. Father's Occupation	Sailor
10. Father's Birthplace	harford
Name of Medical Attendant, or other Person who makes this Return.	mrs Lear Johnson
Address	no 32 short st
Remarks	healthy child

RETURN OF A BIRTH.

25412

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colard
3. Date of Birth	22 June
4. Place of Birth (Street and Number)	193 Chapple st
5. Full Name of Mother	Keitty Demby
6. Mother's Maiden Name	Keitty Symmons
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Demby
9. Father's Occupation	Labler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Clara Johnson
Address	no 32 Short st
Remarks	Healthy Child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

23413

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

Given Name — Birdie

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2 4 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 22d 1878
4. *Place of Birth (Street and Number)* 69 Durham st
5. *Full Name of Mother* Nancy O'Brien
6. *Mother's Maiden Name* " Williams
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Joseph O'Brien
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Cochran

Address 16 S. Eden st. Eastended

Remarks GIVEN NAME ADDED. 8-10-53 L.M.

25414

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 22 1878
4. *Place of Birth (Street and Number)* 67 Cambridge St Canton
5. *Full Name of Mother* Mary E. Balman
6. *Mother's Maiden Name* Harington
7. *Mother's Birthplace* Baltimor M.D.
8. *Full Name of Father* Fredrick Balman
9. *Father's Occupation* Wagon Driver
10. *Father's Birthplace* Baltimor M.D.

Name of Medical Attendant, or other Person who makes this Return. Sarah P. Harington.

Address No 339 Cambridge St Canton Av

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25415

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex (state whether Male or ~~Female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 22. 1878
4. *Place of Birth (Street and Number)* Hampstead St. Nº 58.
5. *Full Name of Mother* Margarethe Vogler
6. *Mother's Maiden Name* Margarethe Euler
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John Vogler
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes the Return. Mary E. Muller

Address N. Dallas St. Nº 26,

Remarks dead born

RETURN OF A BIRTH.

25416

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUN 27 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10 *

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 22
4. Place of Birth (Street and Number) Baltimore Md 31 Woodward st
5. Full Name of Mother Margaret Cosgrave
6. Mother's Maiden Name Margaret Tinsly
7. Mother's Birthplace Richmond Va
8. Full Name of Father John Cosgrove
9. Father's Occupation Machinist
10. Father's Birthplace hanover county Va

Name of Medical Attendant, or other Person who makes this Return. Maria Goodman

Address

Remarks

RETURN OF A BIRTH.

25417

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) /

3. Date of Birth June 22nd One O'clock A.M.

4. Place of Birth (Street and Number) 76 East Chatts St.

5. Full Name of Mother Maggie Ellen Dean

6. Mother's Maiden Name Maggie Ellen Hagan

7. Mother's Birthplace Frederick City

8. Full Name of Father Henry C. Dean

9. Father's Occupation Book-Keeper

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return W. T. Howard, M. D.

Address 181 Madison Ave.

Remarks Premature Child - 7 months - barely viable - lived 17 hours.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25418

HEALTH DEPARTMENT
AUG
3
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colland.
3. Date of Birth	June 23rd. 1878
4. Place of Birth (Street and Number)	No 14. Hoffman St.
5. Full Name of Mother	
6. Mother's Maiden Name	Annie Willkes
7. Mother's Birthplace	Frederick County.
8. Full Name of Father	(Unknown.)
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt
Address	No 185. E. 6 cor. Monument & Central av.
Remarks	Well.

RETURN OF A BIRTH.

25419

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* Male Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 23rd June
4. *Place of Birth (Street and Number)* No 212 West St
5. *Full Name of Mother* Margaret A Bastnell
6. *Mother's Maiden Name* Margaret A Sullivan
7. *Mother's Birthplace* Talbot Co Md
8. *Full Name of Father* Alex Bastnell
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Dorchester Co Md

Name of Medical Attendant, or other Person who makes this return Sarah E Wilson

Address No 252 Hughes St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

95420

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23
4. Place of Birth (Street and Number)	3 N Republican St Baltimore
5. Full Name of Mother	Ella Virginia Bell
6. Mother's Maiden Name	Ella Virginia Keck
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Alexander Bell
9. Father's Occupation	Harness Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sadack
Address	439 W. Pratt Street
Remarks	

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

25421

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22nd of June
4. *Place of Birth (Street and Number)* 281 Howard St
5. *Full Name of Mother* Martha Joury
6. *Mother's Maiden Name* Hall
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Benjamin Joury
9. *Father's Occupation* Cook Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Charlotte Grosby
Address 269 Cathedral St
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25422

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	White Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 23rd 1878
4. Place of Birth (Street and Number)	29 John st
5. Full Name of Mother	Virginia Fisher
6. Mother's Maiden Name	" Parr
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Fisher
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	D. C. Williams
Address	201 Madison Ave
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23423

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 June
4. *Place of Birth (Street and Number)* 185 Bethel St
5. *Full Name of Mother* Karoline Banke
6. *Mother's Maiden Name* Beck
7. *Mother's Birthplace* Garminy
8. *Full Name of Father* Heerman Banke
9. *Father's Occupation* None
10. *Father's Birthplace* Garminy

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Emily

Remarks

25421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	June 23d 1878
4. Place of Birth (Street and Number)	No 102 Russel St
5. Full Name of Mother	Carolina Heath
6. Mother's Maiden Name	Carolina Evans
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	John W Heath
9. Father's Occupation	Waiter
10. Father's Birthplace	Hartford Co Md
Name of Medical Attendant, or other Person who makes this Return.	Susan Butler
Address	No 46 Goodman Alley
Remarks	

RETURN OF A BIRTH.

25123

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. JUL 1 1878 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4!

1. Sex (state whether Male or Female) [illegible]
2. Race or Color (if not of the white race) White
3. Date of Birth June 23/78
4. Place of Birth (Street and Number) 95 W Pratt
5. Full Name of Mother Alexena Poole
6. Mother's Maiden Name Hellinger
7. Mother's Birthplace Balto Md
8. Full Name of Father James Poole
9. Father's Occupation Mechanic
10. Father's Birthplace Baltimore Co Md

Name of Medical Attendant, or other Person who makes this Return. H. L. Spencer

Address 379 W. Lombard

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

25426

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 23. 1878
4. *Place of Birth (Street and Number)* S. Schappel str No 31.
5. *Full Name of Mother* Fredrike Mueller
6. *Mother's Maiden Name* Gotzmyer
7. *Mother's Birthplace* Philippsburg Baden
8. *Full Name of Father* Conrad Mueller
9. *Father's Occupation* Lebner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ms. Joh. Raupach

Address S. Wolfstr No 28

Remarks Ms. Dwyer

RETURN OF A BIRTH.

23427

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUN 29 1878 BALTIMORE

2 do

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 2nd 1878
4. Place of Birth (Street and Number) 78 Nimburg
5. Full Name of Mother Cecilia J. Rose
6. Mother's Maiden Name Cecilia J. Hildebrand
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Geo. C. [redacted] Rose
9. Father's Occupation Paper Hanger
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address

Remarks

The Physician, Midwife, or other person in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25428

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPA
JUN
29
1978
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 23rd "
4. Place of Birth (Street and Number)	116 Gough n.
5. Full Name of Mother	Maria Lewis
6. Mother's Maiden Name	Maria Taylor
7. Mother's Birthplace	B. Mary's Co. Md.
8. Full Name of Father	Thos. Lewis
9. Father's Occupation	Pilot
10. Father's Birthplace	Norfolk Va
Name of Medical Attendant, or other Person who makes this Return.	John F. Morrison M.D.
Address	S.W. Calvert & Read sts
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23129

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* June 23rd 1878

4. *Place of Birth (Street and Number)* 418 Eight St

5. *Full Name of Mother* Mrs. Kate Clark

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Staffordshire, England

8. *Full Name of Father* Jas. A. Clark

9. *Father's Occupation*

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. O. Harrington M.D.

Address 321 Eight St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

25430

JUN 26 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & 3. Twins.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth June 23d 1878
4. Place of Birth (Street and Number) 375 n. Gay Str
5. Full Name of Mother Caroline Kaiss.
6. Mother's Maiden Name A. Letmall
7. Mother's Birthplace Baltimore
8. Full Name of Father August Kaiss
9. Father's Occupation Coffee Roaster
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegist

Address 182 east Monument Str.

Remarks

RETURN OF A BIRTH.

23431

HEALTH DEPARTMENT JUN 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 June 1878
4. Place of Birth (Street and Number)	West St.
5. Full Name of Mother	Barbary Beauseside
6. Mother's Maiden Name	Barbary Gordan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wickelman Beauseside
9. Father's Occupation	Waterman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Mayonnaise
Address	Russell St. No. 70
Remarks	

23432

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 26 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* Black White
3. *Date of Birth* 23rd June 1898
4. *Place of Birth (Street and Number)* 66 Nth Durham st
5. *Full Name of Mother* Nemeto Hinton
6. *Mother's Maiden Name* Nemeta Hall
7. *Mother's Birthplace* Delaware
8. *Full Name of Father* Corei Hall
9. *Father's Occupation* Laborman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Crezentia Kunkel

Address 70 North Chappel st per John Kunkel

Remarks Healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25433

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twin
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	June 23
4. Place of Birth (Street and Number)	Ind Maternite, 163 W. Lombard St
5. Full Name of Mother	Amelia Brown
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Unknown
8. Full Name of Father	Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return.	David Streett Md.
Address	Ind. Maternite, 163 W Lombard St
Remarks	Mother and child doing reasonably well.

D.S.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25 1134

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	23 [illegible] st
4. Place of Birth (Street and Number)	23 [illegible]
5. Full Name of Mother	Elizzye pratt
6. Mother's Maiden Name	Elizzye [illegible]
7. Mother's Birthplace	baltimore
8. Full Name of Father	David pratt
9. Father's Occupation	labler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	[illegible] Lear Johnson
Address	32 Short st
Remarks	healthy child

RETURN OF A BIRTH.

25485

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The fourth Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Yellow Child
3. Date of Birth	23 of June
4. Place of Birth (Street and Number)	Bethel St No 179
5. Full Name of Mother	Anna Harris
6. Mother's Maiden Name	Anna Thomas
7. Mother's Birthplace	Cumberland County
8. Full Name of Father	Virginia William Harris
9. Father's Occupation	Stair Runner
10. Father's Birthplace	St Mary County
Name of Medical Attendant, or other Person who makes this Return.	Midwife Harriet Britton
Address	No 174 North Edon St
Remarks	

dvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,511.36

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or ~~Female~~) _____
2. Race or Color (if not of the white race) White
3. Date of Birth June. the. 23, 1878.
4. Place of Birth (Street and Number) N. Wolfe. St. N. 94
5. Full Name of Mother Lizzie Radwitch
6. Mother's Maiden Name Lizzie Kraft
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Radwitch
9. Father's Occupation Trunk Maker
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who ~~makes this Return~~ Mary E. Muller

Address N. Dallas St. N. 26

Remarks _____

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25437

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth June 23rd 1878
4. Place of Birth (Street and Number) 26 N. Gilmor St
5. Full Name of Mother Annie Pike Hodgkins
6. Mother's Maiden Name Annie Pike Lamdin
7. Mother's Birthplace Baltimore
8. Full Name of Father Edward Reade Hodgkins
9. Father's Occupation Salesman
10. Father's Birthplace Tunbridge Wells, England

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lydia Townsville

Address 13 Linden Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25438

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) eighth child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* June 24 1878
4. *Place of Birth (Street and Number)* N 14 Bolton st
5. *Full Name of Mother* Rose Tracy
6. *Mother's Maiden Name* Rose Riley
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Tracy
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. A Whittam M D

Address 218 Franklin st

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25439

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 24th 1878
4. *Place of Birth (Street and Number)* 109 Bethel
5. *Full Name of Mother* Virginia Johnson
6. *Mother's Maiden Name* Virginia Smith
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Henry Ed[illegible] Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25 11 40

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 14th 1878
4. Place of Birth (Street and Number)	[illegible]
5. Full Name of Mother	Bridget Lyons
6. Mother's Maiden Name	Bridget Dorsett
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Thomas McGowan
9. Father's Occupation	Soldier
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Ottendorf
Address	No. [illegible] Aisquith St.
Remarks	Still born. Physical condition good.

RETURN OF A BIRTH.

23441

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 24 1878
4. *Place of Birth (Street and Number)* 120 bethel st
5. *Full Name of Mother* george ann lawrence
6. *Mother's Maiden Name* georgeann tomes
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* George lawrence
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

I hereby promise to report to the Registrar of Vital Statistics, at the Office of the Board of Health, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25442

HEALTH DEPARTMENT JUL 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d,~~ &c.) ....

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Wh. te
3. *Date of Birth* June 24. 1878
4. *Place of Birth (Street and Number)* E. Baltimore Str No 300.
5. *Full Name of Mother* Elisabeth Schoberlein
6. *Mother's Maiden Name* Folz
7. *Mother's Birthplace* Oberesin Bayern
8. *Full Name of Father* Conrad Schoberlein
9. *Father's Occupation* Lohnkutscher
10. *Father's Birthplace* Bayern

Name of Medical Attendant, or other Person who made this Return Mrs. Joh. Baumgarth

Address E. Wolfe Str No 28

Remarks Mr. Dwyer

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25113

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	June 24. 1878.
4. Place of Birth (Street and Number)	226 N. Carey St.
5. Full Name of Mother	Emma D. Eaton.
6. Mother's Maiden Name	Emma D. Andrews.
7. Mother's Birthplace	St. Stevens N.B.
8. Full Name of Father	A. H. Eaton.
9. Father's Occupation	Teacher
10. Father's Birthplace	Summit C. Ohio.
Name of Medical Attendant, or other Person who makes this Return.	Jas. J. Rouse M.D.
Address	224 N. Carey St.
Remarks	Child Healthy.

RETURN OF A BIRTH.

23111 11

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Fourth Child

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth 24 of June 1878
4. Place of Birth (Street and Number) Corner Baston and Linsom
5. Full Name of Mother Sara Myers
6. Mother's Maiden Name Sara Myers
7. Mother's Birthplace Baltimore
8. Full Name of Father Francis Myers
9. Father's Occupation Wishey Dealer
10. Father's Birthplace Germana

Name of Medical Attendant, or other Person who makes this return Louisa Willy

Address No 12 Eatson Park avenew

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

23145

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 26 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st M.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 24th 1878.
4. *Place of Birth (Street and Number)* 373 Eastern Ave.
5. *Full Name of Mother* Mary Brenner
6. *Mother's Maiden Name* Mary Miller. " "
7. *Mother's Birthplace* America. "
8. *Full Name of Father* John Brenner.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Chas. H. Smead.

Address No. 137 Wolfe St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25446

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24
4. Place of Birth (Street and Number)	133 Harford Ave
5. Full Name of Mother	Mary Cullington
6. Mother's Maiden Name	Callahan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John L Cullington
9. Father's Occupation	Marble Polisher
10. Father's Birthplace	New Foundland
Name of Medical Attendant, or other Person who makes this Return	Wm. F. Schnitzer
Address	No 7 75 west Place
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23447

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) ...

1. Sex (~~state whether Male or~~ Female) ...

2. Race or Color (~~if not of the~~ white race) ...

3. Date of Birth June 2d 1878.

4. Place of Birth (Street and Number) 371 Hanover St.

5. Full Name of Mother Isabel Bathgate.

6. Mother's Maiden Name Isabel Bothroe

7. Mother's Birthplace Newcastle Eng.

8. Full Name of Father William H. Bathgate Jr.

9. Father's Occupation Works in Coffee & Spice Mill,

10. Father's Birthplace Newcastle Eng.

Name of Medical Attendant, or other Person who makes this Return. John L. L. Bozeman M.D.

Address City

Remarks ...

RETURN OF A BIRTH.

25448

HEALTH DEPARTMENT JUN 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 June 1878
4. Place of Birth (Street and Number)	404 West St
5. Full Name of Mother	Cate Scott
6. Mother's Maiden Name	Cate Gorter
7. Mother's Birthplace	Germany
8. Full Name of Father	John Dronka
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Magarney
Address	Russel St No 70
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

RETURN OF A BIRTH.

22447

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 26 1877 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 24 1877
4. Place of Birth (Street and Number)	218 Williams St
5. Full Name of Mother	Anna Willett
6. Mother's Maiden Name	Anna. Dunham
7. Mother's Birthplace	Md
8. Full Name of Father	Josh. S. Willett
9. Father's Occupation	Laborer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Noble Tee
Address	17 Bramble
Remarks	This Child is only 6 Mo Utero Retention one Month

Live long ch

RETURN OF A BIRTH.

25450

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 June
4. Place of Birth (Street and Number)	186 N. Wolf.
5. Full Name of Mother	Sarah Herman
6. Mother's Maiden Name	" Schiller
7. Mother's Birthplace	Balto.
8. Full Name of Father	Benj. Schiller
9. Father's Occupation	Confectioner
10. Father's Birthplace	Annapolis
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	120 Barnes St
Remarks	

And it is hereby made the duty of every Physician, Midwife, Nurse, or other person having charge of any case of child-birth, to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25467

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Col.
3. *Date of Birth* June 6th
4. *Place of Birth (Street and Number)* S. E. Cor. St. & 11
5. *Full Name of Mother* Caroline Simons
6. *Mother's Maiden Name* Caroline Roden
7. *Mother's Birthplace* Caroline Co. Md
8. *Full Name of Father* Ernest Simons
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Kirkwin Co. Md

Name of Medical Attendant, or other Person who makes this Return. E. Winslow

Address 1011 Eutaw Ave

Remarks

...malvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2.5.1.5.21

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every physician, Midwife, Householder, Nurse, or other person in charge, who shall attend or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	—
3. Date of Birth	25th June 1878
4. Place of Birth (Street and Number)	61 Market Space
5. Full Name of Mother	Susanna Peter
6. Mother's Maiden Name	" Hertlein
7. Mother's Birthplace	U States
8. Full Name of Father	Joseph Peter
9. Father's Occupation	Store Tender
10. Father's Birthplace	U States
Name of Medical Attendant, or other Person who makes this Return.	Saml Cooper
Address	52 E Lombard
Remarks	

RETURN OF A BIRTH.

25153

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 25 June
4. *Place of Birth (Street and Number)* 81 Dover St
5. *Full Name of Mother* Madelda Evans
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Cambridge
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Nelly Drofs

Address 181 Jessup St

Remarks

advise at the birth of any child, within the city of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2511511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 25 1878
4. *Place of Birth (Street and Number)* 126 N. Bond str.
5. *Full Name of Mother* Emilie Janson
6. *Mother's Maiden Name* E. Forman
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Thomas Janson
9. *Father's Occupation* Gilder
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 N. Bond str.

Remarks

RETURN OF A BIRTH.

23455

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1920 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 June
4. *Place of Birth (Street and Number)* 87 Lombard St
5. *Full Name of Mother* Antonia Sphoon
6. *Mother's Maiden Name* Schmidt
7. *Mother's Birthplace* Saxony
8. *Full Name of Father* George Sphoon
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Saxony

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address 1212 Granby St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25456

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	25 of June
4. Place of Birth (Street and Number)	No 37 Lexington st
5. Full Name of Mother	Minnie Jefferson
6. Mother's Maiden Name	Minnie Watkins
7. Mother's Birthplace	Lancaster County Virginia
8. Full Name of Father	Charles Henry Jefferson
9. Father's Occupation	oyster shucker
10. Father's Birthplace	Lancaster County Virginia
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stubbs
Address	42 [redacted] Sharp st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,543 7

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Ninth child

1. Sex (state whether Male or Female) of the female sex

2. Race or Color (if not of the white race) of the white color

3. Date of Birth born, 25th, June, 1878

4. Place of Birth (Street and Number) No 41 Walker St.

5. Full Name of Mother Queenie Dorroth

6. Mother's Maiden Name Eugenie Kiefert

7. Mother's Birthplace Fischach, Bavaria

8. Full Name of Father Christian Frederick Dorroth

9. Father's Occupation Cooper

10. Father's Birthplace Frankenhausen, Prussia

Name of Medical Attendant, or other Person who makes this Return Mr Schleifer

Address 33. S. Howard St

Remarks

RETURN OF A BIRTH.

25438

JUN 29 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 25 1878
4. Place of Birth (Street and Number)	9 Gould Court
5. Full Name of Mother	Mary Stimmel
6. Mother's Maiden Name	Mary Steinze
7. Mother's Birthplace	Balto
8. Full Name of Father	Michial Stimmel
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

...ulvke at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

2514-59

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first Child & V

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth June the 25th in your Lord. 1878
4. Place of Birth (Street and Number) West Street 153
5. Full Name of Mother Sarh Ellen Gaines
6. Mother's Maiden Name Sophia Thomas
7. Mother's Birthplace Baltimore City
8. Full Name of Father Hosey Young
9. Father's Occupation oyster House
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. None

Address Frank Winfield 153 West Street Baltimore

Remarks

RETURN OF A BIRTH.

235460

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

U.S. DEPARTMENT OF HEALTH
JUN 26 1978
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth May 25 1878.
4. Place of Birth (Street and Number) № 298 Central Ave.
5. Full Name of Mother Katherine Jaeckel.
6. Mother's Maiden Name Katherine Singer.
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Jaeckel.
9. Father's Occupation ~~Laborer~~ Laborer.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Send Hellegeth

Address 182 Monument st.

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23461

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 25th June 78

4. *Place of Birth (Street and Number)* 1 Block

5. *Full Name of Mother* Lizzie Hayden

6. *Mother's Maiden Name* Lizzie Bird

7. *Mother's Birthplace* 19 Baltimore

8. *Full Name of Father* Thos Pope

9. *Father's Occupation* Saile

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Cornelius Kimmel

Address 1 North Chapel 1 [illegible] Fleet

Remarks Healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25462

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 26/1878
4. *Place of Birth (Street and Number)* Street no 7 of peach alley Balto md
5. *Full Name of Mother* fannie mathews
6. *Mother's Maiden Name* fannie moore
7. *Mother's Birthplace* Essex Co. V a
8. *Full Name of Father* dr gustus mathews
9. *Father's Occupation* Butcher
10. *Father's Birthplace* fredrick co m d

Name of Medical Attendant, or other Person who makes this Return. ~~none~~ susan johnson 23 Colored

Address Between green & Pa 6. Street m d Cove

Remarks

111 25463

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 26
4. *Place of Birth (Street and Number)* No 30 China Street
5. *Full Name of Mother* Eliza Wheeler
6. *Mother's Maiden Name* Eliza Watkins
7. *Mother's Birthplace* Talbot County
8. *Full Name of Father* Richard H Wheeler
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Harford County

Name of Medical Attendant, or other Person who makes this return Nellie Brown

Address 181 York Street

Remarks

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25464

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 26th 78.
4. Place of Birth (Street and Number)	201 Barre St.
5. Full Name of Mother	Margaretha Konig
6. Mother's Maiden Name	Shuley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H. Konig
9. Father's Occupation	Bar keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch.
Address	328 Eutaw St.
Remarks	

RETURN OF A BIRTH.

25463

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June Wednesday 26th 1878
4. Place of Birth (Street and Number)	741 N. Lond[illegible]
5. Full Name of Mother	Julia A. McNamara
6. Mother's Maiden Name	Julia A McCarthy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Simon McNamara
9. Father's Occupation	General Grocer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Finlina
Address	45 Monroe Street
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

23466

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* June 26. 1878
4. *Place of Birth (Street and Number)* Corner Sterling and Aisquith st
5. *Full Name of Mother* Mary Franz
6. *Mother's Maiden Name* Kreudmann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Karl Franz
9. *Father's Occupation* Schuhmaker
10. *Father's Birthplace* A. Littau Kurhessen

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joh. Radymach

Address South Wolfe str No 27

Remarks .....

Dr Gmyz

Within six days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25467

HEALTH DEPARTMENT
JUN 28 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 21st 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 21st 1878.
4. *Place of Birth (Street and Number)* 214 Durham St.
5. *Full Name of Mother* Barbara Gaers.
6. *Mother's Maiden Name* Barbara Braunschweiger.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John Gaers.
9. *Father's Occupation* Seaman
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Dr. Mary Simcad

Address No. 137 Wolfe St.

Remarks ( )

ativies at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25168

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child /
1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 of June 1878
4. *Place of Birth (Street and Number)* 7 Sol St
5. *Full Name of Mother* Rebecca
6. *Mother's Maiden Name* Ann Cohen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Say
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Cornelius Kunst
Address 77 North Eutaw St & 20 Saratoga St
Remarks Healthy.

RETURN OF A BIRTH.

23464

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored Race
3. Date of Birth June the 26th 78
4. Place of Birth (Street and Number) Little Broadway No 2 Baltimore
5. Full Name of Mother Ellen Jackson
6. Mother's Maiden Name Ellen Lord
7. Mother's Birthplace Dorchester Co Md
8. Full Name of Father George Jackson
9. Father's Occupation Labor
10. Father's Birthplace Dorchester Co Md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Register St Baltimore

Remarks

advise at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25470

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) Blk
3. Date of Birth June 26 78.
4. Place of Birth (Street and Number) 104 York St
5. Full Name of Mother Sarah Frances Wilson
6. Mother's Maiden Name Harris
7. Mother's Birthplace Fredericksburg Va.
8. Full Name of Father Alex. Wilson
9. Father's Occupation Fireman
10. Father's Birthplace N. Carolina

Name of Medical Attendant, or other Person who makes this return Louis McCahan

Address 349 Kent

Remarks

And any physician, licentiate, midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25472

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10te

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 25 June
4. *Place of Birth (Street and Number)* 281 S Wolf
5. *Full Name of Mother* Maria Wachsa
6. *Mother's Maiden Name* " Kubik
7. *Mother's Birthplace* Resloth Bohemia
8. *Full Name of Father* Josef Wachsa
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Nikawitz Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Konrad

Address 20 Barnes St

Remarks

RETURN OF A BIRTH.

25473

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born the 27th of June
4. *Place of Birth (Street and Number)* Baltimore 209 S. Howard St.
5. *Full Name of Mother* Julia Jones
6. *Mother's Maiden Name* Julia Ewell
7. *Mother's Birthplace* Northumberland County Virginia
8. *Full Name of Father* Samuel Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Northumberland County Virginia

Name of Medical Attendant, or other Person who makes this Return. Pinia Ewell

Address Baltimore 209 S. Howard St.

Remarks

RETURN OF A BIRTH.

254724

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	27th June 1878
4. Place of Birth (Street and Number)	Fremont st. S.E. Cor Lombard st.
5. Full Name of Mother	Katherine Steinhard
6. Mother's Maiden Name	" Leuth Leuth
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Steinhard
9. Father's Occupation	Carpenter & Saloon Keeper
10. Father's Birthplace	Fatherland (Germany)
Name of Medical Attendant, or other Person who makes this Return.	D. H. Feldmann M.D.
Address	120 Pearl st.
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25474

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27 th 1878
4. Place of Birth (Street and Number)	Baltimore 75 Huntingdon St.
5. Full Name of Mother	Catharine Anna Stuart
6. Mother's Maiden Name	Catharine Anna Hughes
7. Mother's Birthplace	Baltimore Co Md
8. Full Name of Father	Charles E Stuart
9. Father's Occupation	Telegraph Operator
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Catharine Bedford
Address	141 Orleans St
Remarks	

RETURN OF A BIRTH.

Ohio 23476

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Lilian May Campbell

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 27
4. *Place of Birth (Street and Number)* 185 Constableton st
5. *Full Name of Mother* Mary Catharine Campbell
6. *Mother's Maiden Name* Mary Catharine Flynn
7. *Mother's Birthplace* Brooklyn New York
8. *Full Name of Father* Thomas Henry Campbell
9. *Father's Occupation* Machinist
10. *Father's Birthplace* County Tyrone Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sarah Worden

Address 330 airpath st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25478

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 27th 1878
4. Place of Birth (Street and Number)	No 325 Charles st
5. Full Name of Mother	Margarth Anderson
6. Mother's Maiden Name	Heidelbach
7. Mother's Birthplace	Germaney
8. Full Name of Father	James L. Anderson
9. Father's Occupation	Policeofficier
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohsoasser midwife
Address	213 Cross st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25477

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

advise at the Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4.
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White.
3. Date of Birth	27 Juli 1878.
4. Place of Birth (Street and Number)	Canton Av. 46.
5. Full Name of Mother	Adele Chielinski
6. Mother's Maiden Name	Adele Chielinski geboren Czipull.
7. Mother's Birthplace	Rosenberg in Preussen.
8. Full Name of Father	Hermann Chielinski
9. Father's Occupation	Upholsterer
10. Father's Birthplace	Elbing in Preussen
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Seeback
Remarks	No. 439 West Pratt Street.

RETURN OF A BIRTH.

25478

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 3 D Child
1. Sex (state whether Male or Female)	It is a boy
2. Race or Color (if not of the white race)	It is White Color
3. Date of Birth	27 June 1878
4. Place of Birth (Street and Number)	Baltimore Thams St No 28
5. Full Name of Mother	Kate Hatzler
6. Mother's Maiden Name	Kate Hetzler
7. Mother's Birthplace	Bohama "
8. Full Name of Father	John Heiser
9. Father's Occupation	Laborer
10. Father's Birthplace	" Bohama
Name of Medical Attendant, or other Person who makes this Return.	Mary Kuyter
Address	69 Washton st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25179

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child Baltimore
1. Sex (state whether Male or Female)	it is a girl
2. Race or Color (if not of the white race)	it is White Color
3. Date of Birth	27 June 1878
4. Place of Birth (Street and Number)	Baltimore Chapple St 42
5. Full Name of Mother	
6. Mother's Maiden Name	B Kachele
7. Mother's Birthplace	Bohemia
8. Full Name of Father	J Kachele
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Joseph Kapitish
Address	42 K
Remarks	K S N C 69

RETURN OF A BIRTH.

9514 5 1/2

HEALTH DEPART. JUL 1 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, ~~2*d &c.*~~)

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* June 27th 1878
4. *Place of Birth* (*Street and Number*) 61 S. High St
5. *Full Name of Mother* Maggie Bullock
6. *Mother's Maiden Name* Dannecker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Bullock
9. *Father's Occupation* Works in Planing Mill
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this return — John Morris M.D.

Address 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25480

RETURN OF A BIRTH.

HEALTH DEPART... JUL 1 1878 ...LTIMORE.

1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* June 27th 78
4. *Place of Birth (Street and Number)* 15 Poultney St
5. *Full Name of Mother* Ellen De Falco
6. *Mother's Maiden Name* " " Us Delma
7. *Mother's Birthplace* Balt
8. *Full Name of Father* George de Falco.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Washington D.C

Name of Medical Attendant, or other Person who makes this return John Morris M.D.

Address F. Frankenberg M.D.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2548 #1

JUN 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Colord. Male
2. *Race or Color (if not of the white race)*	Colord
3. *Date of Birth*	27th June 1878
4. *Place of Birth (Street and Number)*	139 N. Dallas st
5. *Full Name of Mother*	H Waitham
6. *Mother's Maiden Name*	Jolen Waitham
7. *Mother's Birthplace*	Waiter Baltimore
8. *Full Name of Father*	John Waitham
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary F Wall
Address	23 N Caroline st
Remarks	Baltimore Co.

I hereby certify that I have attended the birth of a child, born on the date above stated, and that I will report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25118 W 2

HEALTH DEPARTMENT JUN 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 27th. 78.
4. Place of Birth (Street and Number)	701. W. Lexington St.
5. Full Name of Mother	Mary Armor Sexton
6. Mother's Maiden Name	Mary Armor Jordan
7. Mother's Birthplace	Memphis Tenn.
8. Full Name of Father	Wm. H. Sexton
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. H. Sexton M. D.
Address	543 Lexington
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25183

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 20 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	June 27 1878
4. Place of Birth (Street and Number)	Md Maternite 163 W. Lombard St.
5. Full Name of Mother	Annie Denny
6. Mother's Maiden Name	Annie Sprague
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno P. Denny
9. Father's Occupation	Photographer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Dr. David Street M.D.
Address	Md Maternite 163 W. Lombard St.
Remarks	Mother and Child doing well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2318 11

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 27 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Caucasian
3. *Date of Birth* June 27' 1878
4. *Place of Birth (Street and Number)* Md Lying in Asylum 163 N. Lombard St.
5. *Full Name of Mother* Jane Smith
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mr Unknown
9. *Father's Occupation* "
10. *Father's Birthplace* "

Name of Medical Attendant, or other Person who makes this Return. Dan'l Stockbridge
Address Md Maternite — 163 N. Lombard St
Remarks Mother and child doing well.

RETURN OF A BIRTH.

2548 5

HEALTH DEPARTMENT JUN 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Every physician, midwife, or other person who shall hereafter attend upon the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth June 27. 1878.

4. Place of Birth (Street and Number) 90 William st

5. Full Name of Mother Amelia Ramsay Thompson

6. Mother's Maiden Name Amelia F. North.

7. Mother's Birthplace St Mary's Co. Md.

8. Full Name of Father Wallace Thompson

9. Father's Occupation Engineer.

10. Father's Birthplace Jefferson Co N. Y.

Name of Medical Attendant, or other Person who makes this Return. T. Daugherty M.D.

Address 178 Penna ave.

Remarks

25486

RETURN OF A BIRTH.

AUG 5 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex (state whether Male or Female)*	Male /
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	~~370 E Lager Str.~~ June 27th 1878
4. *Place of Birth (Street and Number)*	370 E. Lager Str.
5. *Full Name of Mother*	Kathie Poul
6. *Mother's Maiden Name*	K. Hofmann
7. *Mother's Birthplace*	Balto
8. *Full Name of Father*	Jn. Poul
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Dina Hillegeist
Address	182 E. Monument Str
Remarks	

2548 17

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1/2
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 June
4. *Place of Birth (Street and Number)* 29 Durham N.
5. *Full Name of Mother* Maria Hoyton
6. *Mother's Maiden Name* " Olen Dorfer
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Frederik Hoyton
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany
Name of Medical Attendant, or other Person who makes this Return. J. Konrad
Address 20 Barnes St
Remarks

adrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2514 12155

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	June 28th 1878
4. *Place of Birth (Street and Number)*	No 390 E Madison St
5. *Full Name of Mother*	Mary E. Belcher
6. *Mother's Maiden Name*	Mary E. McGinney
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John B. Belcher
9. *Father's Occupation*	Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A Allwell
Address	286 McDonogh St
Remarks	

...ase at the risk of any crime, which the City or Baltimore, shall repair to the Registrar aforesaid, ...hin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children ..., its or their physical condition, whether still born or not, the full name, nativity, and residence of ... parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2547 59

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 28th 1878
4. Place of Birth (Street and Number)	144 Fough St.
5. Full Name of Mother	Susan Spates
6. Mother's Maiden Name	" Malloy
7. Mother's Birthplace	Balto.
8. Full Name of Father	Jno. Spates
9. Father's Occupation	Iron Moker
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D.
Address	117 S. Broadway
Remarks	

RETURN OF A BIRTH.

25498

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st / 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 28th 1878
4. Place of Birth (Street and Number)	387 Eight St.
5. Full Name of Mother	Dena Menz
6. Mother's Maiden Name	Dena Long
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Jacob Menz
9. Father's Occupation	Boot & Shoe Dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

That any Physician, Midwife, or other person who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25497

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	28th June 1878
4. Place of Birth (Street and Number)	41 Lombard
5. Full Name of Mother	Lillie Casser
6. Mother's Maiden Name	Dugles
7. Mother's Birthplace	U. States
8. Full Name of Father	Daniel Casser
9. Father's Occupation	Waiter
10. Father's Birthplace	U. States
Name of Medical Attendant, or other Person who makes this Return.	Frank Casser
Address	42 E Lombard.
Remarks	

2349 42

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June the 28. 1878
4. *Place of Birth (Street and Number)* N. Durham St No 4 357
5. *Full Name of Mother* Margaretha E. Cuppemann
6. *Mother's Maiden Name* Margaretha E. Kramer
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wilhelm Cuppemann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Oberworschütz. K. Baiern. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St No 26.

Remarks

adrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25493

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1974 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 June 1874
4. *Place of Birth (Street and Number)* 148 ~~Av~~ Eastern Av
5. *Full Name of Mother* Elisabeth Bennet
6. *Mother's Maiden Name* Funke
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Bernhard Bennet
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gerhard Miller

Address 151 E Pratt St

Remarks

dc 4/2

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE OF BIRTH

Registered No. 2-2193½

(1) Name of child: Harvey Stephenson B. Byrne

CITY OF BALTIMORE (No. West Mulberry Street E. or W.)

(2) FULL NAME of child. Harvey Stephenson B. Byrne

If child is not yet named, make supplemental report, as directed

(3) Sex of Child	(4) Whether single, twin or triplet (To be answered only in case of plural births)	(5) Number in order of birth	(6) Legitimate (or illegitimate)	(7) Date of Birth (Month)	(Day)	(Year)
male	single	second	yes	June	28	1878

FATHER

(8) FULL NAME: William H. Byrne Decased

(9) RESIDENCE: Mulberry, near Carrollton Ave.

(10) COLOR: white

(11) AGE AT LAST BIRTHDAY (Years): deceased 39

(12) BIRTHPLACE: New York City

(13) OCCUPATION: newspaper man (Baltimore American)

(14) Number of children born to this mother, including present birth: 3

MOTHER

(15) FULL MAIDEN NAME: Ella Still Stephenson

(16) RESIDENCE: Same

(17) COLOR: White

(18) AGE AT LAST BIRTHDAY (Years): Deceased 26

(19) BIRTHPLACE: Baltimore, Maryland

(20) OCCUPATION: Housewife

(21) Number of children of this mother now living: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at ____ o'clock, ____ M., on the date above stated.

(23) Signature: John Blackburn

Address: Bernard

(Physician or Midwife)

*If there were no attending physician or midwife, this fact should be stated, and the cause of birth, if known, should be given. If stillborn child is not first reported by physician or midwife, he must make affidavit to that effect.

(24) This name added from a supplemental report ____, 19 . Filed ____, 19 .

Registrar

(READ THE REVERSE SIDE)

RETURN OF A BIRTH.

2549 41

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUN 29 1878 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four (4)th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 28th
4. *Place of Birth (Street and Number)* 62 S. Stricker St
5. *Full Name of Mother* Annie Kinken
6. *Mother's Maiden Name* Annie Martin
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Napoleon B Kinken
9. *Father's Occupation* Student of Medicine
10. *Father's Birthplace* Va

Name of Medical Attendant, or other Person who makes this Return. Napoleon B Kinken

Address 62 S. Stricker St

Remarks —

—

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25497

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Friday June 28th 78
4. *Place of Birth (Street and Number)* 4th Sara Cora Ct
5. *Full Name of Mother* Elizabeth C Coy
6. *Mother's Maiden Name* Elizabeth C Carter
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Solomon Coy
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Harford Co. Md

Name of Medical Attendant, or other Person who makes this Return. Eldridge W Lynch

Address 51 N Calvert St

Remarks

This card, properly filled out, is to be given to the mother, or other person in charge of the infant, by the physician, nurse, or other person who may attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2514986

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	June 29th 1878
4. *Place of Birth (Street and Number)*	No 347 N. Ann St
5. *Full Name of Mother*	Emily Fagan
6. *Mother's Maiden Name*	Emily Harbon
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Hugh E. Fagan
9. *Father's Occupation*	Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mary A Allwell
Address	186 McDonough St
Remarks	

...ician, accoucheur, midwife, or other person who may, after the passage of this act, ...ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...hin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children ...m, its or their physical condition, whether still born or not, the full name, nativity, and residence of ... parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2349 87

HEALTH DEPARTMENT JUL 1915 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	29 June
4. *Place of Birth (Street and Number)*	218 Dallas St
5. *Full Name of Mother*	Chresteria Fisher
6. *Mother's Maiden Name*	Christiana Pulvergler
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Jorge Fredrick Fisher
9. *Father's Occupation*	Labour
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Smith
Address	The child is healthy. Name of the child
Remarks	Hermain Fisher

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5'
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 June
4. Place of Birth (Street and Number)	Monument and Forest 95 E
5. Full Name of Mother	Bridget Donahue
6. Mother's Maiden Name	Prendigan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Andrew Donahue
9. Father's Occupation	Saloon Keeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dennis Johnsmeier
Address	No 7 Forrest Place
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days (thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25499

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

Name of Child: Ethel Marie Uniacke

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 29th 1878.
4. Place of Birth (Street and Number)	44 N. Stricker
5. Full Name of Mother	Susanna Maria Uniacke
6. Mother's Maiden Name	Susanna Maria Moulton.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Uniacke
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	A H Saxton M D.
Address	523. Lexington pl
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall fail, neglect, or refuse to advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29 June 1878
4. *Place of Birth (Street and Number)* 13 Stiles St.
5. *Full Name of Mother* Mary Kerby
6. *Mother's Maiden Name* " Cotton
7. *Mother's Birthplace* U.S.
8. *Full Name of Father* Robert Kerby
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace* U.S.

Name of Medical Attendant, or other Person who makes this Return. Chas. Cooper

Address 532 E. Lexington

Remarks

Physicians, Midwives, and other persons, in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25500

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth June 29th 78

4. Place of Birth (Street and Number) Parkin st. No 72

5. Full Name of Mother Anna Sophia Swan

6. Mother's Maiden Name " " Keyser

7. Mother's Birthplace Frederick City Md

8. Full Name of Father John W. Swan

9. Father's Occupation Tobacco

10. Father's Birthplace Shepardstown Va

Name of Medical Attendant, or other Person who makes this Return. H. N. Shultz

Address No 11 South Arlington ave

Remarks Balty

Any physician, accoucheur, midwife, or other person who shall fail, neglect, or refuse to make the return required by this act, shall forfeit and pay a sum not exceeding twenty dollars, and shall moreover be liable to a penalty of five dollars for each and every month he, she, or they shall neglect to make such return after the first month. It shall be the duty of the physician, accoucheur, midwife, or other person in attendance upon the mother at the birth of any child, within the City of Baltimore, to report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2550

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, visit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	12
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th June
4. Place of Birth (Street and Number)	131 Hebbille st
5. Full Name of Mother	Anna, mary Haase
6. Mother's Maiden Name	[illegible]
7. Mother's Birthplace	Germany
8. Full Name of Father	John Alexander Haase
9. Father's Occupation	Sergeant Police Station
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	928 Cutter st
Remarks	

RETURN OF A BIRTH.

25303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Wht
3. Date of Birth	the 29 June
4. Place of Birth (Street and Number)	No 106 Chas St.
5. Full Name of Mother	Lizzy Lynch
6. Mother's Maiden Name	Lizzy Lanet
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Lanet
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	No Town the 2 July 1878
Remarks	(P 193 Hanover

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25301

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 29th 1878
4. *Place of Birth (Street and Number)* No 4 Hull St E. N.T
5. *Full Name of Mother* Margret Clarke
6. *Mother's Maiden Name* " Miller
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Patrick Clarke
9. *Father's Occupation* Contractor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ellen

Address

Remarks

RETURN OF A BIRTH.

2550 3

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jun 29 1878
4. *Place of Birth (Street and Number)* 79 Molton str.
5. *Full Name of Mother* Ana M. Clemens
6. *Mother's Maiden Name* Ana M. Rohman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Philip J. Clemens
9. *Father's Occupation* Pebgeedmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. M. C. Rudiger

Address 129 N. Bond str.

Remarks

That any physician, midwife, or other person, who shall neglect or refuse to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2530 16

JUN 28 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. June 27th 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* June 27th 1878.
4. *Place of Birth (Street and Number)* 113 Duncan Alley.
5. *Full Name of Mother* Annie Loewenstein.
6. *Mother's Maiden Name* Annie Scheidel.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Loewenstein.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Renard

Address No. 137 Wolfe St.

Remarks 2 pr

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2537

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) W

3. Date of Birth June 27th 1878

4. Place of Birth (Street and Number) 758 Penna Avenue

5. Full Name of Mother Barbara Landheim

6. Mother's Maiden Name " Gehman

7. Mother's Birthplace Germany

8. Full Name of Father Joseph Landheim

9. Father's Occupation Cabinet Manufacturer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Annie Mercantile [illegible]

Address 220 Linden Ave

Remarks

That any physician, accoucheur, midwife, or other person in this city, who shall attend upon any case of birth, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25118

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sunday June 30 18 78.
4. *Place of Birth (Street and Number)* 92 Tyson St
5. *Full Name of Mother* Ida Belle Thomas
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Newtown Md
8. *Full Name of Father* Lorenzo Gold Stone
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary E. Chew, M. W.

Address

Remarks

That any physician, accoucheur, or other person in charge, who shall attend, exist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.5.79

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	30 June
4. *Place of Birth (Street and Number)*	No 5 Skinner Alley
5. *Full Name of Mother*	Bridget Prochen
6. *Mother's Maiden Name*	Bridget Naven
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Prochen
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Mrs Eliza Fleming
Address	95 Albemarle St
Remarks	Baltimore Md

THE said physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2578

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend at, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 30th 1878
4. Place of Birth (Street and Number)	45 N. Gilmor St.
5. Full Name of Mother	Amelia W. Cockey
6. Mother's Maiden Name	Amelia W. Heakell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas H. Cockey
9. Father's Occupation	
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other person who makes Return.	A. H. Sutton M.D.
Address	543 Lexington St
Remarks	

RETURN OF A BIRTH. 253 X 811

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) —
3. Date of Birth 30 June 1878
4. Place of Birth (Street and Number) 357 N. Charles St
5. Full Name of Mother Laura Thomas
6. Mother's Maiden Name " Kraft.
7. Mother's Birthplace Md.
8. Full Name of Father Francis augustus Thomas
9. Father's Occupation Banker
10. Father's Birthplace Md
Name of Medical Attendant, or other Person who makes this Return. Dr Lane Taneyhill
Address 129 W Biddle St
Remarks

Every Physician, Accoucheur, Midwife, or other person present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2351 1/2

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Col
3. Date of Birth 30th June
4. Place of Birth (Street and Number) No 15 Peach alley
5. Full Name of Mother Rosana Spriggs
6. Mother's Maiden Name Rosana Berry
7. Mother's Birthplace Kent Island Md
8. Full Name of Father Augustus Spriggs
9. Father's Occupation Waiter
10. Father's Birthplace Eastern Shore Va

Name of Medical Attendant, or other Person who makes this return Sarah J Wilson

Address No 252 Hughes St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25513

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	June 30ed 1878
4. Place of Birth (Street and Number)	No 46 Abbeys alley
5. Full Name of Mother	Elisabeth Stadge
6. Mother's Maiden Name	Müller
7. Mother's Birthplace	Germaney
8. Full Name of Father	Henry Stadge
9. Father's Occupation	Cooper
10. Father's Birthplace	Germaney
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrassen midwife
Address	213 Eutaw st.
Remarks	

RETURN OF A BIRTH.

2337

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 28th 1878
4. Place of Birth (Street and Number)	378 South Charles St. Balto
5. Full Name of Mother	Emily Jane Forsberger
6. Mother's Maiden Name	" Ritcher
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Henry Forsberger
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Conway
Address	131 Mrs Battery Avenue
Remarks	

Within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2537 5

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1878 BAL. IMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 30th 78
4. Place of Birth (Street and Number)	Lemberg St.
5. Full Name of Mother	Mary E. Hook
6. Mother's Maiden Name	" " Akehurst
7. Mother's Birthplace	Balto. Co.
8. Full Name of Father	Jesse Hook
9. Father's Occupation	Carpenter
10. Father's Birthplace	Carroll Co.
Name of Medical Attendant, or other Person who makes this Return	H. N. Shultz
Address	No 11 South Arlington ave City
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25516

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d. "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	June 30 1878
4. Place of Birth (Street and Number)	320 Orleans str
5. Full Name of Mother	Katrina Schneider
6. Mother's Maiden Name	Lahr. Keller.
7. Mother's Birthplace	Baltimor. Co.
8. Full Name of Father	Heinrich Schaefer
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	M. L. Rudiger
Address	134 n. Bondstreet
Remarks	

The City Physician, Health Officers, and Midwives, are required to report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23517

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, nurse, or other person present at the birth of any child, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child.
1. Sex (state whether Male or Female) A Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 30 June 1878
4. Place of Birth (Street and Number) 2 North Madison Ally
5. Full Name of Mother Fredrika Brüel
6. Mother's Maiden Name Fredrika Lutz
7. Mother's Birthplace Germany
8. Full Name of Father Conrad Lutz
9. Father's Occupation Shoemaker Germany
10. Father's Birthplace " " "
Name of Medical Attendant, or other Person who makes this Return. Eventa Kunkle
Address N. Madison Ally 2 p. Eventa Kunkle
Remarks Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25518

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 30 1878
4. Place of Birth (Street and Number)	577 Penna. Ave. "
5. Full Name of Mother	Ottie Brooke
6. Mother's Maiden Name	Reamy
7. Mother's Birthplace	Va.
8. Full Name of Father	Richard C. Brooke
9. Father's Occupation	Builder
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	D. D. Christian M.D.
Address	431 Penna. Ave.
Remarks	

RETURN OF A BIRTH.

~~D 1274~~ 25519.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 1st 1878

HEALTH DEPARTMENT JUL 1 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* June 30th 1878.
4. *Place of Birth (Street and Number)* 273 Canton Ave.
5. *Full Name of Mother* Sinna Siesler
6. *Mother's Maiden Name* Sinna Ehoff.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fredrich Sieler
9. *Father's Occupation* Teacher.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm M. Arend M.D.

Address No. 137 Wolfe St.

Remarks —

RETURN OF A BIRTH.

2559 03

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, midwife, or other person who shall attend upon any case of birth, or any person having knowledge of any birth, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 June
4. Place of Birth (Street and Number)	377 W. Pratt St
5. Full Name of Mother	Walentina Suchanski
6. Mother's Maiden Name	" Černá
7. Mother's Birthplace	Kamelov Bohemia
8. Full Name of Father	Anton Suchanski
9. Father's Occupation	Tailor
10. Father's Birthplace	Radnic Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Konrad
Address	20 Barnes St
Remarks	

RETURN OF A BIRTH.

255281
25521

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUN 7 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend during labor, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 30th 1878
4. Place of Birth (Street and Number)	No. 700 Barre st.
5. Full Name of Mother	Fanny K. Fitzgerald
6. Mother's Maiden Name	Fanny Kettlewell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Fitzgerald
9 Father's Occupation	Train dispatcher at B. & O. R. R.
10. Father's Birthplace	Virginia.
Name of Medical Attendant, or other Person who makes this Return.	F. B. Gardner M.D.
Address	125 W. Greene st.
Remarks	

RETURN OF A BIRTH.

25522

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

That any person, accoucheur, nurse, midwife, or other person in attendance upon any case of birth, or the father, mother, or other relative of the child, or the householder in whose house any birth occurs, or in case the birth occurs elsewhere than in a house, then any person present at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21. June
4. *Place of Birth (Street and Number)* 12 Rachel St
5. *Full Name of Mother* Barbara Seitz
6. *Mother's Maiden Name* Penn
7. *Mother's Birthplace* Wetzikz Bohemia
8. *Full Name of Father* Franz Seitz
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Wetzikz Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Powed

Address 20 Barnes St

Remarks

MISSING

25523-24-25

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 1st 1878
4. Place of Birth (Street and Number)	No 12 W Worster Street
5. Full Name of Mother	Georgia Irving
6. Mother's Maiden Name	Georgia Mann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Irving
9. Father's Occupation	Bar Keeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who Attended	Saml B. Powell M.D.
Address	No 29 Fisquith St
Remarks	

...vice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (if their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25527

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, or be called to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 1 July
4. *Place of Birth (Street and Number)* 1228 Ann St.
5. *Full Name of Mother* Margarete Lange.
6. *Mother's Maiden Name* Vogler.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Geo Lange.
9. *Father's Occupation* Cabt.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this return Johann Schuler

Address 702 Aliceanna St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25528

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child
1. Sex (state whether Male or Female) Female —
2. Race or Color (if not of the white race) White —
3. Date of Birth July 14th 1878
4. Place of Birth (Street and Number) Baltimore 24 near Caroline —
5. Full Name of Mother Elizabeth. Dietrich
6. Mother's Maiden Name " " Leonhardt.
7. Mother's Birthplace Baltimore city —
8. Full Name of Father Henry Dietrich
9. Father's Occupation Stone Merchant —
10. Father's Birthplace Baltimore city
Name of Medical Attendant, or other Person who makes this Return. C. A. Dahlman. M.D.
Address # 916. E. Fayette St
Remarks Natural Labor — 2 hours duration

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25529

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1st 1878
4. Place of Birth (Street and Number)	No 243 E. Balt. st.
5. Full Name of Mother	Annie E. Macdonald
6. Mother's Maiden Name	Annie E. Gretham
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	James Macdonald
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	John H. Connor
Address	286 E. Balt. st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall neglect or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25530

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in attendance upon any case of birth, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1st 1878
4. *Place of Birth (Street and Number)* N 275 S Paul St
5. *Full Name of Mother* Elizabeth M. Whedbee
6. *Mother's Maiden Name* Elizabeth M. Manley
7. *Mother's Birthplace* Newbern N. Carolina
8. *Full Name of Father* James S Whedbee
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Edenton N. Carolina

Name of Medical Attendant, or other Person who makes this Return. F Rhetsard M.D

Address N 114 Park Avenue

Remarks

25631

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any person, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 1st 1878.
4. Place of Birth (Street and Number)	17 Booth St.
5. Full Name of Mother	Catherine Duncan.
6. Mother's Maiden Name	Moran.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	John Duncan
9. Father's Occupation	Stockman.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan
Address	175 Saratoga St.
Remarks	

RETURN OF A BIRTH.

25532

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1st
4. *Place of Birth (Street and Number)* 342 Canton Ave
5. *Full Name of Mother* Amilie Miller
6. *Mother's Maiden Name* Amilie Sumpsam
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Miller
9. *Father's Occupation* Driver
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Louise Knapf

Address 236 Canton Ave

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25533

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1 1878
4. *Place of Birth (Street and Number)* 1017 Duncan Ave
5. *Full Name of Mother* Mary Medumer
6. *Mother's Maiden Name* M. Sullivan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Patrick Medume
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Fray

Address 193 S. Chester St

Remarks Healthy

25534

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in the City of Baltimore, who shall attend upon the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1st 1878
4. *Place of Birth (Street and Number)* 192 n Hevlid ay St
5. *Full Name of Mother* Kate Valley
6. *Mother's Maiden Name* " Cunningham
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Jno F Valley
9. *Father's Occupation* Smith Draftr
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Same J. J. Bell M.D.

Address

Remarks

RETURN OF A BIRTH.

25535

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

Every Physician, Midwife, Householder, Institution, or other person having knowledge of the facts, shall report to the Registrar of Vital Statistics, Board of advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th dr

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* June 1 1878
4. *Place of Birth (Street and Number)* Green nr Monroe
5. *Full Name of Mother* Louisa D Widdifield
6. *Mother's Maiden Name* Louisa D Bayer
7. *Mother's Birthplace* Balt Co
8. *Full Name of Father* Benj C Widdifield
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Balt Co

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 28 Franklin

Remarks

RETURN OF A BIRTH.

25536

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the. 1. 1878
4. *Place of Birth (Street and Number)* Albemarle. St. N° 88.
5. *Full Name of Mother* Katharena Aekermann
6. *Mother's Maiden Name* Katharina Schaum
7. *Mother's Birthplace* Wersheitz. K. Preussen. Germany
8. *Full Name of Father* Herman Aekermann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Grossenreden. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. N° 326

Remarks

Advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25537

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)* Anna Amelia Christina Bauer
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the 1. 1878
4. *Place of Birth (Street and Number)* E. Small St. No 184
5. *Full Name of Mother* Sophia E. Bauer
6. *Mother's Maiden Name* Sophia E. Zäkelein
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* John. B. Bauer
9. *Father's Occupation* Tiner
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No. 26

Remarks Full name added by mother upon applying for a transcript. Sophia E. Bauer Mother 58 Wilm — Reg March 16-1933

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25538

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July the 1, 1878.
4. Place of Birth (Street and Number) Granby st No 85
5. Full Name of Mother Anna Edelmann
6. Mother's Maiden Name Anna Vileh
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles Edelmann
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, ~~or other Person who makes this Return~~ Mary E. Muller

Address N. Dallas st No 26

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25539

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 10th of July
4. *Place of Birth (Street and Number)* 46 W. Dallas St
5. *Full Name of Mother* Mary Jewell
6. *Mother's Maiden Name* Mary Gaston
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Jewell
9. *Father's Occupation* Gardner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Gaston

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23340

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1st 1878
4. *Place of Birth (Street and Number)* 753 W. Pratt St.
5. *Full Name of Mother* Susan Tipton
6. *Mother's Maiden Name* Oswald
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Tipton
9. *Father's Occupation* Mechanic (Carpenter)
10. *Father's Birthplace* Balto Co Md

Name of Medical Attendant, or other Person who makes this Return. A. L. Lucas M.D.

Address 379 W. Lombard St.

Remarks

RETURN OF A BIRTH.

25541
(ava)

HEALTH DEPARTMENT
AUG
3
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name if child Frederick M. Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1st. 1878
4. *Place of Birth (Street and Number)* 618 E. St. back of Masons.
5. *Full Name of Mother* Mary Schmidt.
6. *Mother's Maiden Name* Mary Hines
7. *Mother's Birthplace* Waldenburg Ger.
8. *Full Name of Father* Michel Schmidt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavarie

Name of Medical Attendant, or other Person who makes this Return. Mrs M. A. Butt

Address No. 185. N. F. E cor of Monument & Central ave.

Remarks Well.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25542

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 1st 1878.
4. *Place of Birth (Street and Number)* 3 Courtland Str.
5. *Full Name of Mother* Mary Mertz
6. *Mother's Maiden Name* M. Wall
7. *Mother's Birthplace* England
8. *Full Name of Father* Jos. F. Mertz
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Lilleg ist

Address 182 E. Monument Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

111

25343

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth "
1. *Sex (state whether Male or Female)*	Male "
2. *Race or Color (if not of the white race)*	White "
3. *Date of Birth*	July 1st 1878 "
4. *Place of Birth (Street and Number)*	# 4 Patterson Park Ave "
5. *Full Name of Mother*	Ella M. Williams "
6. *Mother's Maiden Name*	Ella Maher "
7. *Mother's Birthplace*	Balto "
8. *Full Name of Father*	Geo Williams "
9. *Father's Occupation*	Can Maker "
10. *Father's Birthplace*	Balto "
Name of Medical Attendant, or other Person who makes this return	Mrs Mary A Simms "
Address	# 203 E Washington Ave "
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

233111

HEALTH DEPARTMENT JUL 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, shall advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 2d
4. *Place of Birth (Street and Number)*	15 E. Lombard St.
5. *Full Name of Mother*	Christine Helene Kesting
6. *Mother's Maiden Name*	" Bass
7. *Mother's Birthplace*	Marburg Germania
8. *Full Name of Father*	Adolph Kesting
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Hamburg Germania
Name of Medical Attendant, or other Person who makes this return	Dr. Wm. Ray Palmer
Address	No 262 Fairmount Ave
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11 25545

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

No. of Child of Mother, (*state whether ~~1st, 2d~~, 3d, &c.*) .....

1. *Sex* (*state whether Male or ~~Female~~*) .....
2. *Race or Color* (*if not of the white race*) White.
3. *Date of Birth* July 2nd 1878
4. *Place of Birth* (*Street and Number*) 74 & 76. Thames St.
5. *Full Name of Mother* Rosa Struven,
6. *Mother's Maiden Name* Rosa Klaus
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Diedrich Struven,
9. *Father's Occupation* Grocer.
10. *Father's Birthplace* Bremen, Germany

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell.

Address 207 S. Broadway.

Remarks .....

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23546

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4th
1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 2d of July 1878
4. *Place of Birth (Street and Number)* No. 351 Ramsey St.
5. *Full Name of Mother* Lizzie L. Shrifer
6. *Mother's Maiden Name* L. Nisbain
7. *Mother's Birthplace* born in Bavaria Germany
8. *Full Name of Father* Bartolamais Shrifer
9. *Father's Occupation* Brewer
10. *Father's Birthplace* born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. S. Hiller

Address 57 Smallwood St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25547

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 2nd 1878
4. Place of Birth (Street and Number)	4 corner Sharp and Cross
5. Full Name of Mother	Sophie Sherer
6. Mother's Maiden Name	Reeling
7. Mother's Birthplace	America
8. Full Name of Father	August Sherer
9. Father's Occupation	Piano maker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	G. Lorenzer mid wife
Address	213 Cross St.
Remarks	

RETURN OF A BIRTH.

25548

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	2nd July
4. Place of Birth (Street and Number)	Baltimore 129 S Bond
5. Full Name of Mother	Mary Ellen Kline
6. Mother's Maiden Name	Mary Ellen McElvaney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jos A Kline
9. Father's Occupation	House Painter
10. Father's Birthplace	Long Island State New York
Name of Medical Attendant, or other Person who makes this Return	Mr Miller
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25549

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.
1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 July
4. *Place of Birth (Street and Number)* 94 Sheaffer St.
5. *Full Name of Mother* Mary C Vogel
6. *Mother's Maiden Name* Whitney
7. *Mother's Birthplace* Baltimore "
8. *Full Name of Father* Geo Vogel
9. *Father's Occupation* Label
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return Johann Schultz
Address No 302 Hillcairn St.
Remarks

That any physician, or midwife, or other person in charge, who shall neglect, refuse or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25330

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 2nd 1878
4. *Place of Birth (Street and Number)*	No 216 Chew St
5. *Full Name of Mother*	Margaret Adler
6. *Mother's Maiden Name*	Margaret Zulauf
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles E Adler
9. *Father's Occupation*	Salesman
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mary A Allwell
Address	286 McDonogh st
Remarks	

The attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist or arise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children so, its or their physical condition, whether still born or not, the full name, nativity, and residence of parents, and the maiden name of the mother of such child or children.

25551

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 2/78
4. Place of Birth (Street and Number)	244 E. Fayette st.
5. Full Name of Mother	Mary Brown
6. Mother's Maiden Name	" Charles
7. Mother's Birthplace	Balt.
8. Full Name of Father	J. A. Brown
9. Father's Occupation	Trainer & Painter
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D.
Address	1170 Broadway
Remarks	

Each and every physician, accoucheur, midwife, or other person in charge, who shall attend a case of birth, or who shall be called upon to advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25552

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1870 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 July
4. *Place of Birth (Street and Number)* 152 Pratt St
5. *Full Name of Mother* Lizzie Fakel
6. *Mother's Maiden Name* Metzger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Fakel
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gotfrid Simon

Address 1010 Greenleg St

Remarks

23553

HEALTH DEPARTMENT
JUL 5 1878
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 2
4. Place of Birth (Street and Number)	Falls St
5. Full Name of Mother	Mary Davis
6. Mother's Maiden Name	Dunn
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James P. Davis
9. Father's Occupation	Hack Man
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula F. Trimmer
Address	No 7 Forest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

255511

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 2
4. Place of Birth (Street and Number)	79 Hillen St
5. Full Name of Mother	Kate Cutter
6. Mother's Maiden Name	Elder
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Nicholas Cutter
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Hospital Chairman
Address	No 7 Forrest Place
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25355

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2d July 1878
4. Place of Birth (Street and Number)	122 Lanvale Str.
5. Full Name of Mother	Mary Starke
6. Mother's Maiden Name	M. Ilsanza
7. Mother's Birthplace	Germany
8. Full Name of Father	Jos. Starke
9. Father's Occupation	Carpenter
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	C. Dina Hilligeist
Address	182 e. Monument Str
Remarks	

RETURN OF A BIRTH.

25556

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	July 2nd 78
4. Place of Birth (Street and Number)	416 E. Madison St.
5. Full Name of Mother	Cath. E. Phillips
6. Mother's Maiden Name	Potts
7. Mother's Birthplace	City
8. Full Name of Father	Wm R. Phillips
9. Father's Occupation	Painter
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	J. H. Reynolds M.D.
Address	156 Asquith St.
Remarks	

RETURN OF A BIRTH.

25557

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) Eleventh

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Negro

3. Date of Birth July 20 1878

4. Place of Birth (Street and Number) 212 Raborg St.

5. Full Name of Mother Charlotte Stinly

6. Mother's Maiden Name

7. Mother's Birthplace London County Va.

8. Full Name of Father Samuel Stinly

9. Father's Occupation Laborer

10. Father's Birthplace Va.

Name of Medical Attendant, or other Person who makes this Return. Wm Carroll M.D.

Address 498 W Fayette St.

Remarks

The ally physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25558

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) (3)

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White -

3. Date of Birth 3rd July

4. Place of Birth (Street and Number) 510 Franklin

5. Full Name of Mother Annie Jeffers

6. Mother's Maiden Name " Dunphy -

7. Mother's Birthplace Va -

8. Full Name of Father Geo. Jeffers -

9. Father's Occupation Clk.

10. Father's Birthplace Balto.

Name of Medical Attendant, or other Person who makes this Return. J. G. McShane M.D.

Address Fayette & Mc Carty.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25559

HEALTH DEPARTMENT JUL 15 1918 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2ter Kind
1. *Sex (state whether Male or Female)*	Mädchen
2. *Race or Color (if not of the white race)*	Weiß
3. *Date of Birth*	geboren 3ten Juli
4. *Place of Birth (Street and Number)*	№ 130 Eastern Ave
5. *Full Name of Mother*	Sophie Krämer
6. *Mother's Maiden Name*	Sophie Schwarz
7. *Mother's Birthplace*	Deutschland
8. *Full Name of Father*	Henry Krämer
9. *Father's Occupation*	Hausbesitzer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Friederike Kaufmann
Address	№ 204 S. Dallas Str
Remarks	Hebamme

The day Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25560

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth 3 July 1878
4. Place of Birth (Street and Number) 341 S Bond St
5. Full Name of Mother Charlott Furen
6. Mother's Maiden Name Charlott Mitchell
7. Mother's Birthplace Scotland
8. Full Name of Father Edward James Furen
9. Father's Occupation Seaman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address The child is healthy. Name of Child

Remarks name of the child Allis Furen

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25561

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* July 3d 1878
4. *Place of Birth (Street and Number)* Cor. Sharp & Pratt Sts. no. 54,
5. *Full Name of Mother* Helen Spear
6. *Mother's Maiden Name* " Hornheimer
7. *Mother's Birthplace* Baltimore,
8. *Full Name of Father* Jacob Spear
9. *Father's Occupation* Shoe Store,
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address No. 5, Franklin St.

Remarks

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25362

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 3.
4. Place of Birth (Street and Number) Leadenhall st 108
5. Full Name of Mother Kate Brooks
6. Mother's Maiden Name Maria Brooks Kate Thornton
7. Mother's Birthplace James Brooks Essie Ba
8. Full Name of Father fire man
9. Father's Occupation North Carolina
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mary C. Dickerson

Address 108 Leadenhall st.

Remarks one before.

RETURN OF A BIRTH.

23363

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	July 3rd 1878.
4. Place of Birth (Street and Number)	48 St. Mary St.
5. Full Name of Mother	Mary Eliz. Tripp
6. Mother's Maiden Name	Mary Eliz Bias
7. Mother's Birthplace	Oxford, Md.
8. Full Name of Father	Solomon Tripp
9. Father's Occupation	Waiter
10. Father's Birthplace	Oxford. md.
Name of Medical Attendant, or other Person who makes this Return.	John T. King M.D.
Address	Office 76 Edmondson ave.
Remarks	

The duty of physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23361

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 10 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 3d
4. Place of Birth (Street and Number) #85 East 2d
5. Full Name of Mother Magdelena Steiger
6. Mother's Maiden Name Magdelena Gaul
7. Mother's Birthplace Germany
8. Full Name of Father Frederick Steiger
9. Father's Occupation Cooper
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Louis Kraft

Address #206 Caroline Ave

Remarks

RETURN OF A BIRTH.

23365

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 3rd 1878
4. *Place of Birth (Street and Number)* Baltimore 36 Camden St
5. *Full Name of Mother* Mary Winder
6. *Mother's Maiden Name* Taylor
7. *Mother's Birthplace* Accomac Co Va
8. *Full Name of Father* George Winder
9. *Father's Occupation* Commission Merchant
10. *Father's Birthplace* Accomac County Va

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address No 220 Montgomery St

Remarks

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23366

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 3d
4. *Place of Birth (Street and Number)* No 27 Harford Ave
5. *Full Name of Mother* Henrietta Standiford
6. *Mother's Maiden Name* Henrietta Zimmer
7. *Mother's Birthplace* 7 Constitution St Balto
8. *Full Name of Father* Isaac C Standiford
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. I. C. Standiford

Address 27 Harford Ave Balto

Remarks

The Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23367

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 3d 1878.
4. Place of Birth (Street and Number) 9 Webb Str.
5. Full Name of Mother Jannie Smith
6. Mother's Maiden Name J. Shanks
7. Mother's Birthplace Balto
8. Full Name of Father Edward Smith
9. Father's Occupation Painter
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. Dina Killegrist
Address 182 e. Monument Str.
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.5368

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 8th 78
4. Place of Birth (Street and Number)	6 S. Frederick st
5. Full Name of Mother	Hannah Selvin
6. Mother's Maiden Name	Bernheimer
7. Mother's Birthplace	Hartford Conn.
8. Full Name of Father	Jacob L. Selvin
9. Father's Occupation	Restaurant
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Edwin P. Wilmer
Address	137 N Eutaw st
Remarks	

Every Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth July 8

4. Place of Birth (Street and Number) Hamburg street 286

5. Full Name of Mother Saline Noris

6. Mother's Maiden Name " Robison

7. Mother's Birthplace Kent Island

8. Full Name of Father Joe Noris

9. Father's Occupation Farm Laiser

10. Father's Birthplace Chestertown

Name of Medical Attendant, or other Person who makes this Return. Annetine Wilson

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25570

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 4
4. *Place of Birth (Street and Number)* Caston Baltimore No 21 Ebenezer
5. *Full Name of Mother* Maggrate Velour
6. *Mother's Maiden Name* Maggrate Mueller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christober Velour
9. *Father's Occupation* Brick Mocker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Louisa Wiley

Address No 12 Paterson First avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25571

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth July 4 1878
4. Place of Birth (Street and Number) 97 Block St
5. Full Name of Mother Mary Hudson
6. Mother's Maiden Name Mary Simmons
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hudson
9. Father's Occupation Boat Builder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smyth

Address She child is Heathy mame of

Remarks the child John T Hudson

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25572

HEALTH DEPT. JUL 11 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Colored Male.
2. Race or Color (if not of the white race) Colored. Child
3. Date of Birth birth July forth.
4. Place of Birth (Street and Number) Spring Stall. Number 137
5. Full Name of Mother May Prisilla Foot.
6. Mother's Maiden Name Doughtee of Bengeman
7. Mother's Birthplace Baltimore, County.
8. Full Name of Father Samaul. Brooks.
9. Father's Occupation Porter
10. Father's Birthplace Baltimore. md.

Name of Medical Attendant, or other Person who makes this return Elizzebeth. Foot.

Address youngs /

Remarks Midwife.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25573

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 14 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 4 4
4. *Place of Birth (Street and Number)* Hubert St. Locust Point
5. *Full Name of Mother* Jane Kenny
6. *Mother's Maiden Name* Jane Divers
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Martin Kenny
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Hamora Little

Address

Remarks

RETURN OF A BIRTH.

25514

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4th
4. Place of Birth (Street and Number)	63 Cross st
5. Full Name of Mother	Annie Kirby
6. Mother's Maiden Name	Nash
7. Mother's Birthplace	Balto
8. Full Name of Father	Jas Kirby
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash.
Address	
Remarks	

Each and every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23575

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	4th of July 1878
4. Place of Birth (Street and Number)	69 W Hoodens J.
5. Full Name of Mother	Emma Shrader
6. Mother's Maiden Name	Emma Ulrich
7. Mother's Birthplace	Germany
8. Full Name of Father	Kuhn Ulrich
9. Father's Occupation	Keeper Bar
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Ernest A Kunkel
Address	76 North Chapel St p John Kunkel
Remarks	Dead B. Inf

Every physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23576

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4th
4. Place of Birth (Street and Number)	152 Madeira Ally
5. Full Name of Mother	Magaretha Dienhaus
6. Mother's Maiden Name	Magaretha Gebhardt
7. Mother's Birthplace	Gimany
8. Full Name of Father	John Dienhaus
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louise Kraft
Address	# 236 Caulton Ave
Remarks	

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4
4. Place of Birth (Street and Number)	43 Hillman St
5. Full Name of Mother	Mary Toolain
6. Mother's Maiden Name	Dowd
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Toolan
9. Father's Occupation	works in Meat House
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Ursula Gleissner
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

25578

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4. 1878.
4. Place of Birth (Street and Number)	4 Carlton st
5. Full Name of Mother	Kate Brewer,
6. Mother's Maiden Name	Lepe
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Randolph Brewer
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who make this Return.	J. L. Engle M.D.
Address	214 Lanvale
Remarks	

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2573

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 4 1878
4. Place of Birth (Street and Number)	646 South Bond St Baltimore
5. Full Name of Mother	Mary Amanda Potter
6. Mother's Maiden Name	Mary A Goodale
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Benjamin Francis Potter
9. Father's Occupation	Foundryman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	323 East Monument
Remarks	

...adv...se at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25580

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 4 th 1878.
4. Place of Birth (Street and Number)	264 Greenmount Ave.
5. Full Name of Mother	Eliza Ridgeway
6. Mother's Maiden Name	Eliza P. Eskinton
7. Mother's Birthplace	Salem N. J.
8. Full Name of Father	John V. Ridgway
9. Father's Occupation	Conductor B & P. R. R.
10. Father's Birthplace	Gloucester N. J.
Name of Medical Attendant, or other Person who makes this Return	Wilmer Brinton M.D.
Address	25 ½ Greenmount Ave
Remarks	"Vertex Presentation"

RETURN OF A BIRTH.

25581

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 4 th 1878
4. Place of Birth (Street and Number)	No 726 Light st.
5. Full Name of Mother	Margarett Bauer
6. Mother's Maiden Name	Freier
7. Mother's Birthplace	America
8. Full Name of Father	John Bauer
9. Father's Occupation	Wheelwright
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrmasser midwife
Address	213 Cross st.
Remarks	

The duty physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25582

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL. 6 1878 BALTIMORE.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) Two

1. Sex (*state whether Male or Female*) Female
2. Race or Color (*if not of the white race*) White
3. Date of Birth July 4th 1878
4. Place of Birth (*Street and Number*) 539 Light St
5. Full Name of Mother Lotta V. Brower
6. Mother's Maiden Name Lotta V. Lewis
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Jacob M. Brower
9. Father's Occupation Clerk
10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address

Remarks

It is any person's, second cousin, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25583

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 3rd 1878

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 1st 1878.
4. *Place of Birth (Street and Number)* 276 Caroline St.
5. *Full Name of Mother* Annie Croswell.
6. *Mother's Maiden Name* Annie Weber.
7. *Mother's Birthplace* America.
8. *Full Name of Father* C. Croswell.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Arnold

Address No. 137 Wolfe St.

Remarks ---

advise nt the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Children
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	11
4. Place of Birth (Street and Number)	72 [illegible]
5. Full Name of Mother	[illegible]
6. Mother's Maiden Name	[illegible]
7. Mother's Birthplace	[illegible]
8. Full Name of Father	[illegible]
9. Father's Occupation	[illegible]
10. Father's Birthplace	[illegible]
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	[illegible]
Remarks	[illegible]

...ndance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25585

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every Physician in the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 4. th. 1878
4. Place of Birth (Street and Number)	No 59. Millington St.
5. Full Name of Mother	Annie Vogle
6. Mother's Maiden Name	Annie Newschäffer.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Vogle
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs H. A. Butt
Address	No. 185 S. E. cor. Monument St. & Central ave
Remarks	Well.

RETURN OF A BIRTH.

25586

HEALTH DEPT. JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	July 4th 78.
4. Place of Birth (Street and Number)	69 Lee St
5. Full Name of Mother	Mary Downey Rothstein
6. Mother's Maiden Name	Downey
7. Mother's Birthplace	Md.
8. Full Name of Father	Wm R. Rothstein
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	151 Marquette
Remarks	

The duty of Physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born ; to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25587

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White " "
3. Date of Birth	July 5th 1878 " "
4. Place of Birth (Street and Number)	940 W. Pratt St.
5. Full Name of Mother	Ella Murphy
6. Mother's Maiden Name	Ella Rooney
7. Mother's Birthplace	Manchester, England.
8. Full Name of Father	Saml. Murphy
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who Rendered Aid in Labor.	DeLancey H Barclay M.D.
Address	47 Conway St.
Remarks	Normal Labor.

RETURN OF A BIRTH.

25588

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 2 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* July 4th 1878
4. *Place of Birth (Street and Number)* No 20 Bradford alley
5. *Full Name of Mother* Augusta Kramer
6. *Mother's Maiden Name* " Ali
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Carl Kramer
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bachmann

Address 129 Barrett st,

Remarks

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advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25589

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	1 July
4. Place of Birth (Street and Number)	Lapsmon court No 7
5. Full Name of Mother	Charlotte Robeson
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	X
9. Father's Occupation	X
10. Father's Birthplace	X
Name of Medical Attendant, or other Person who makes this Return.	Harriet Jackson
Address	No 5 Douglas Street
Remarks	

Advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25390

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	5th July
4. Place of Birth (Street and Number)	Rice Pl. near Pr
5. Full Name of Mother	Jane Wilson
6. Mother's Maiden Name	
7. Mother's Birthplace	Middle Neck Co. Va
8. Full Name of Father	Wm Pokeley
9. Father's Occupation	Sailor
10. Father's Birthplace	Norfolk
Name of Medical Attendant, or other Person who makes this Return.	Sarah A Hoobrew
Address	Pr Rice Pl
Remarks	The Cause of Delay could not get to widen

RETURN OF A BIRTH. 25591

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 8th 1878
4. *Place of Birth (Street and Number)* 112 Bolton Street Balto City
5. *Full Name of Mother* Theodosia Hardy Gordon
6. *Mother's Maiden Name* Theodosia Hardy
7. *Mother's Birthplace* Norfolk Va
8. *Full Name of Father* Claudius L Gordon
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. A. J. Bell M.D.

Address 306 Madison Avenue

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c. or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23592

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* July 5th

4. *Place of Birth (Street and Number)* No. 40 South Eden Street

5. *Full Name of Mother* Elizabeth Susie Pfeffer Margerich

6. *Mother's Maiden Name* " " " " " Marguardt

7. *Mother's Birthplace* Bohemia

8. *Full Name of Father* Charles William Henry Margerich

9. *Father's Occupation* Machinist

10. *Father's Birthplace* Nuremberg Bavaria

Name of Medical Attendant, or other Person who makes this return Barbara Ann B Roberts

Address No 26 E Lombard

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

What any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25593

HEALTH DEPARTMENT JUL 10 1873 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 5th 1873
4. Place of Birth (Street and Number) No 16 Sexton Court
5. Full Name of Mother
6. Mother's Maiden Name Delia Jackins
7. Mother's Birthplace Balto City
8. Full Name of Father not Known
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

253941

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) five

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the fifth 1878
4. *Place of Birth (Street and Number)* Eastern Avenue near Chester st
5. *Full Name of Mother* Maria Hollin
6. *Mother's Maiden Name* Merrill Eaves
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Hollin
9. *Father's Occupation* Waterman
10. *Father's Birthplace* North Carolina

Name of Medical Attendant, or other Person who makes this Return. Ann E Ball

Address No 171 South Chester st

Remarks

RETURN OF A BIRTH.

25394

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth July 5th 1878

4. Place of Birth (Street and Number) No 1424 E. Eager. St

5. Full Name of Mother Mary J Smyth

6. Mother's Maiden Name Mary J Higgins

7. Mother's Birthplace Malthetop C. Va

8. Full Name of Father William Smyth

9. Father's Occupation Richmond Va

10. Father's Birthplace Book Keeper

Name of Medical Attendant, or other Person who makes this return Mary A Allwell

Address 286 N. Bonaparte St

Remarks

...l any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...vise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...thin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children ...rn, its or their physical condition, whether still born or not, the full name, nativity, and residence of ... parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25596

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th July
4. *Place of Birth (Street and Number)* No 4 High St
5. *Full Name of Mother* Caroline Burkheimer
6. *Mother's Maiden Name* Kraft
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Burkheimer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Granby St

Remarks

RETURN OF A BIRTH.

25597

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5 July
4. *Place of Birth (Street and Number)* 650 Donnell st Canton
5. *Full Name of Mother* Catharine McMullen
6. *Mother's Maiden Name* Catharine Magee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm H McMullen
9. *Father's Occupation* Corn Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullens

Address 104 Eutaw st Canton

Remarks

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25598

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 5 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 3 1 1

1. *Sex* (*state whether Male or Female*) Female
2. *Race or Color* (*if not of the white race*) White
3. *Date of Birth* July 5th
4. *Place of Birth* (*Street and Number*) 1 E 3 R Hull St
5. *Full Name of Mother* Caroline Kupferman
6. *Mother's Maiden Name* Caroline Steiniger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Georg Kupferman
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who Makes this Return. E Sieker's

Address 1 E 3 R Hull St

Remarks

RETURN OF A BIRTH.

25579

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 5 July 15 78
4. *Place of Birth (Street and Number)* No 254 McClennal Ave
5. *Full Name of Mother* Sarah Allen
6. *Mother's Maiden Name* Sarah Jordan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William H Allen
9. *Father's Occupation* Waiter Washer
10. *Father's Birthplace* Virginia Penn. Virginia

Name of Medical Attendant, or other Person who makes this return Rulle Wm.

Address No 70 Lanvale Ave

Remarks

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25600

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 6 1878
4. Place of Birth (Street and Number) 218 S Bond St
5. Full Name of Mother Maggie Green
6. Mother's Maiden Name Maggie Riley
7. Mother's Birthplace Baltimore
8. Full Name of Father George Washington Green
9. Father's Occupation Ship Joiner
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith
Address
Remarks the child is Healthy
name of child Ann Green

Every Physician, Midwife, or other person in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25601

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jul 6 d. 1878
4. Place of Birth (Street and Number)	223 N. Bond str.
5. Full Name of Mother	Emile Bodenhaeder
6. Mother's Maiden Name	C. Rippenger
7. Mother's Birthplace	Germany
8. Full Name of Father	H. Albert Bodenhaeder
9. Father's Occupation	Rowmen
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	M. K. Kurtiger
Address	134 N. Bond Street
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25602

HEALTH DEPARTMENT JUL 1878 BALTIMOR

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1rst
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	6 july
4. Place of Birth (Street and Number)	14 Biddle Alley
5. Full Name of Mother	Carrie Brown
6. Mother's Maiden Name	Mt Murray
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John Matthew
9. Father's Occupation	Color
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Henry Pettin
Address	10 Little Pine St
Remarks	

RETURN OF A BIRTH.

2,5603

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 3d
1. *Sex (state whether Male or Female)*	Female healthe
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	born on the 6 of July 1878
4. *Place of Birth (Street and Number)*	Frederick Av.
5. *Full Name of Mother*	Lizzie L. Klein Fort
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto ~~State of~~ M. d.
8. *Full Name of Father*	William Klein
9. *Father's Occupation*	Laberer
10. *Father's Birthplace*	City of Balto.
Name of Medical Attendant, or other Person who makes this Return	Mrs Hillen
Address	57 Smallwood St.
Remarks	

RETURN OF A BIRTH.

25604

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 6 of July
4. Place of Birth (Street and Number)	No 22 Little Hurst St
5. Full Name of Mother	Frances Seabrook
6. Mother's Maiden Name	Frances Shuck
7. Mother's Birthplace	Germany
8. Full Name of Father	Jakob Shuck
9. Father's Occupation	Boatman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	
Address	Merlauer 17 Baltimore 1878
Remarks	17 Hufford ave the 9 of July

RETURN OF A BIRTH.

23605

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	A Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th July 1878
4. Place of Birth (Street and Number)	891 North Washington
5. Full Name of Mother	Kate Ruppel
6. Mother's Maiden Name	Kate Wunderlich
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Conrad Wunderlich
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Carpenter private
Address	1 North Chapel st
Remarks	Healthy

The Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (a or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

John Frantel

RETURN OF A BIRTH. 25606

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 6th 1878
4. Place of Birth (Street and Number)	S. Bethel st 104 Balto.
5. Full Name of Mother	Caroline Moore
6. Mother's Maiden Name	Caroline Jackson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Harvey Moore
9. Father's Occupation	Caulker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Leah Walker
Address	198 S. Dallas st
Remarks	

And it is hereby made the duty of every physician, midwife, or other person present at the birth of any child, within the City of Baltimore, to report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25607

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY. July 6 1878

HEALTH DEPARTMENT JUL 6 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 6th 1878.
4. *Place of Birth (Street and Number)* 29 Caroline St.
5. *Full Name of Mother* Caroline Weber
6. *Mother's Maiden Name* Caroline Kurtz.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Henry Weber.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Smeed
Address No. 137 Wolfe St.
Remarks #5

RETURN OF A BIRTH.

23608

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 17 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	6th July 1878
4. Place of Birth (Street and Number)	18 Lombard St
5. Full Name of Mother	Carrie Miles
6. Mother's Maiden Name	" Grant
7. Mother's Birthplace	US
8. Full Name of Father	George Miles
9. Father's Occupation	Laborer
10. Father's Birthplace	US
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carter
Address	5 S E Lombard
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, ... advise at the birth of any child, within the City of Baltimore, shall report to the registrar ... within six days thereafter, stating distinctly the date of birth, sex, and color of the child or ... born, its or their physical condition, whether still born or not, the full name, nativity, and ... of the parents, and the maiden name of the mother of such child or children.

25609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 6th 1878
4. Place of Birth (Street and Number)	68 Chestnut St.
5. Full Name of Mother	Mary E. Gardner
6. Mother's Maiden Name	" " Smith
7. Mother's Birthplace	Balto.
8. Full Name of Father	Wm. Gardner
9. Father's Occupation	Clerk
10. Father's Birthplace	Bedford Ohio
Name of Medical Attendant, or other Person who makes this Return.	D. R. W. Mansfield
Address	117 E. Broadway
Remarks	

RETURN OF A BIRTH.

23610

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) African
3. Date of Birth July 6 18
4. Place of Birth (Street and Number) Harden Court 6
5. Full Name of Mother Mary E Black
6. Mother's Maiden Name Mary E Henry
7. Mother's Birthplace Dorchester County
8. Full Name of Father James Black
9. Father's Occupation Labor
10. Father's Birthplace Eston County Md

Name of Medical Attendant, or other Person who makes this Return. Julia A Johnson

Address No 212 Washer Street

Remarks

The duty of parents, householder, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25611

HEALTH DEPARTMENT BALTIMORE JUL 15 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	6th July 1878
4. *Place of Birth (Street and Number)*	22 E. Sout Sharp st.
5. *Full Name of Mother*	Maggie Stubenrauch
6. *Mother's Maiden Name*	" Lentz
7. *Mother's Birthplace*	Bavaria
8. *Full Name of Father*	Geo. Stubenrauch
9. *Father's Occupation*	Grocer
10. *Father's Birthplace*	Saxony Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	32 E. Eutaw st
Remarks	

RETURN OF A BIRTH.

25612

HEALTH DEPARTMENT BALTIMORE JUL 17 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child.

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth Born on July 6th, 1878.
4. Place of Birth (Street and Number) No 140 Hollins, Str.
5. Full Name of Mother Mary, Anna, ~~Bloom~~. Wiegard,
6. Mother's Maiden Name Mary, Anna, Bloom.
7. Mother's Birthplace Catonsville, Baltimore County, State, Md
8. Full Name of Father Charles, Wiegard,
9. Father's Occupation Bar Keeper,
10. Father's Birthplace Philadelphia, Pa.

Name of Medical Attendant, or other Person who makes this Return.

Address Anna Dumler Schroter M

Remarks

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,561.3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The second

1. Sex (state whether Male or Female) a little girl
2. Race or Color (if not of the white race)
3. Date of Birth the sixt day of July
4. Place of Birth (Street and Number) the S. W. Cor. of Hanover & Castle Sts
5. Full Name of Mother Elizabeth Bolette
6. Mother's Maiden Name " " Crone
7. Mother's Birthplace Baltimore, State of Maryland
8. Full Name of Father Charles William Lambert
9. Father's Occupation
10. Father's Birthplace Bremerhaven, Kgrs. Hannover Bremen Germany

Name of Medical Attendant, or other Person who makes this return Lambdin Dr B Delivered

Address

Remarks No 26 N Irvington Dist

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25614

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE APR 22 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colard
3. Date of Birth July 6th
4. Place of Birth (Street and Number) Baltimore Md Generette St No 387
5. Full Name of Mother Mary Sneese
6. Mother's Maiden Name " Heise
7. Mother's Birthplace Baltimore
8. Full Name of Father John Sneed
9. Father's Occupation Brickmaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25615

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	6th July 1878
4. *Place of Birth (Street and Number)*	382 E. Monument St.
5. *Full Name of Mother*	Mary Gibson
6. *Mother's Maiden Name*	Mary Johns
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Henry Gibson
9. *Father's Occupation*	Sailor
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this return	Wm Wilkins
Address	721 N. Caroline
Remarks	

I shall any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25616

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 6th 1878
4. Place of Birth (Street and Number) Gutaw Str
5. Full Name of Mother Mathilda Koenig
6. Mother's Maiden Name M. Schäfer
7. Mother's Birthplace Germany
8. Full Name of Father Jos. Koenig
9. Father's Occupation Shumaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Geo. Hillegeist

Address No. 182 e. Monument Str

Remarks

RETURN OF A BIRTH.

25617

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	brite molatta
3. *Date of Birth*	july the 7th
4. *Place of Birth (Street and Number)*	no 4 patpsco avenue
5. *Full Name of Mother*	martha jones
6. *Mother's Maiden Name*	martha pointexter
7. *Mother's Birthplace*	virginia
8. *Full Name of Father*	daniel jones
9. *Father's Occupation*	chool teacher
10. *Father's Birthplace*	virginia
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 patpsco avenue healty child

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25618

GIVEN NAME ADDED, 3-1-62

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Barbara Green

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 July
4. *Place of Birth (Street and Number)* Hill Street Locust
5. *Full Name of Mother* Maggie Green
6. *Mother's Maiden Name* Maggie Erlen
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Green
9. *Father's Occupation* Roller
10. *Father's Birthplace* Baltimore Margret Ettel

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25619

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Children
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th June 1878
4. Place of Birth (Street and Number)	518 Pittsburgh Street
5. Full Name of Mother	Louisa Myers
6. Mother's Maiden Name	Louisa Ihrich
7. Mother's Birthplace	Williamsburgh N.Y.
8. Full Name of Father	Conrad Chappel
9. Father's Occupation	Carpet maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Crescentius Kunkel
Address	71 North Chappel St for John Kunkel
Remarks	Healthy

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25620

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

adress at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* July the 7 18 78
4. *Place of Birth (Street and Number)* Durham St 209 Baltimore
5. *Full Name of Mother* Rosanna Cornish
6. *Mother's Maiden Name* Rosanna Brooks
7. *Mother's Birthplace* St marys County m d
8. *Full Name of Father* John H Cornish
9. *Father's Occupation* Rodeurrer
10. *Father's Birthplace* Dorchester County m d

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woodford

Address 130 Eagle Ster St Baltimore md

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25621

HEALTH DEPARTMENT JUL 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	7 July
4. *Place of Birth (Street and Number)*	62 Eastern Ave.
5. *Full Name of Mother*	Lizzie Schüssler
6. *Mother's Maiden Name*	Deshback
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Schüssler
9. *Father's Occupation*	Mason
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sophia Sinon
Address	1070 Gronby
Remarks	

25622

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	6th
1. Sex (~~state whether Male or Female~~)	M
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	July 7th 78.
4. Place of Birth (Street and Number)	941 W Lexington st.
5. Full Name of Mother	Susan Grimes.
6. Mother's Maiden Name	Susan Slater.
7. Mother's Birthplace	Balto City
8. Full Name of Father	Charles E Grimes.
9. Father's Occupation	Merchant.
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	John L. D. Wood M.D.
Address	City.
Remarks	

RETURN OF A BIRTH.

25623

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 7th 1878

4. Place of Birth (Street and Number) 180 S. Paca st

5. Full Name of Mother Hannah Maria Baily

6. Mother's Maiden Name " " Levering

7. Mother's Birthplace Balto.

8. Full Name of Father George Baily

9 Father's Occupation Merchant

10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. James H. Stewart M.D.

Address 93 Parker

Remarks

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born by or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

RETURN OF A BIRTH.

25624

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) [redacted] Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 7th 1878

4. Place of Birth (Street and Number) No 73 North Fremont Str

5. Full Name of Mother Elizabeth Knobeloch Brauer

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore

8. Full Name of Father Hermann Knobeloch

9. Father's Occupation Cutter

10. Father's Birthplace Europe.

Name of Medical Attendant, or other Person who makes this Return. Mrs Seelbach

Address

Remarks

The Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25625

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 7th
4. Place of Birth (Street and Number)	172 Hamburg st.
5. Full Name of Mother	Katharine Miller
6. Mother's Maiden Name	" Wentz
7. Mother's Birthplace	Bavaria Germany
8. Full Name of Father	John L. & Co. Miller
9. Father's Occupation	Baker
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirby
Address	827 South Eutaw St.
Remarks	

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 13 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 7th
4. Place of Birth (Street and Number)	No 2 Stone Alley
5. Full Name of Mother	Margret Johnson
6. Mother's Maiden Name	Margret Roberts
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Washington Johnson
9. Father's Occupation	Caulker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or of [redacted]	Mrs Ann Nash
Address	
Remarks	

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25627

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 July 78
4. *Place of Birth (Street and Number)* 126 Granby St
5. *Full Name of Mother* Johanna Gieger
6. *Mother's Maiden Name* Colemann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gieger
9. *Father's Occupation* Labar
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon
Address No 70 Granby Street
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25628

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 7 1878
4. *Place of Birth (Street and Number)* 267 n. Bay Str.
5. *Full Name of Mother* Katharine Kraus
6. *Mother's Maiden Name* K. Binding
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Chas. L. Kraus
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hollegeist.

Address 182 e Monument Str.

Remarks

It is the duty of the physician, accoucheur, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1918 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 7th 1878
4. Place of Birth (Street and Number)	205 Charles Street
5. Full Name of Mother	Sarah Reins
6. Mother's Maiden Name	Sarah Soterman
7. Mother's Birthplace	Germany
8. Full Name of Father	Salomon Reins
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Kathrina Münch
Address	98 Seabrook St
Remarks	

It is the duty of every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23630

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUL 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colard

3. Date of Birth July 7 1878

4. Place of Birth (Street and Number) Baltimore Md Howard Street 386

5. Full Name of Mother Winie Dairy

6. Mother's Maiden Name Winie Grose

7. Mother's Birthplace Calvert County

8. Full Name of Father John Dairy

9. Father's Occupation Draymann

10. Father's Birthplace Chestertown

Name of Medical Attendant, or other Person who makes this Return. Anuline Wilson

Address

Remarks

The Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25631

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

It is any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 8th 1878
4. Place of Birth (Street and Number)	952 S Sharp St
5. Full Name of Mother	Louis Machinsky
6. Mother's Maiden Name	Agnes Nagey
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Louis F. Machinsky
9. Father's Occupation	Bpo Glass Blower
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Lee to M. D.
Address	
Remarks	

RETURN OF A BIRTH.

25632

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	8th July 1878
4. Place of Birth (Street and Number)	1 Abermarle st
5. Full Name of Mother	Mary Louise Meyer
6. Mother's Maiden Name	Haberkorn
7. Mother's Birthplace	Portsmouth Va
8. Full Name of Father	Louis Meyer
9. Father's Occupation	Seamstress
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. Heldmann M.D.
Address	120 Park st. Baltimore
Remarks	

RETURN OF A BIRTH.

25633

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 8th 1878
4. *Place of Birth (Street and Number)* ~~[illegible]~~
5. *Full Name of Mother* No 111 Albert Lane
6. *Mother's Maiden Name* Maggie Talor
7. *Mother's Birthplace* Caroline County Maryland
8. *Full Name of Father* Elias Talor
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Caroline County Md

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

It is the duty of any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

256311

HEALTH DEPT. JUL 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend as such or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	8th July 1878
4. Place of Birth (Street and Number)	Exeter St.
5. Full Name of Mother	Josephine Mitchell
6. Mother's Maiden Name	" Dare
7. Mother's Birthplace	U.S.
8. Full Name of Father	Geo W. Mitchell
9. Father's Occupation	Driver
10. Father's Birthplace	U.S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carpenter
Address	526 Lee Lane.
Remarks	

RETURN OF A BIRTH.

25635

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 8th 1878
4. Place of Birth (Street and Number)	329 Millcarn St.
5. Full Name of Mother	Amalia Kleber
6. Mother's Maiden Name	A. Kintzenmiller
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	H. Kleber
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return	Sophia Kleber
Address	156 East N.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25636

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 17 1978
BALTIMORE

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	[illegible] 8th 1878
4. Place of Birth (Street and Number)	9 Hasett St.
5. Full Name of Mother	Minna Manning
6. Mother's Maiden Name	M. Giesler
7. Mother's Birthplace	Hessen Germany
8. Full Name of Father	Wm Manning
9. Father's Occupation	Secretmaker
10. Father's Birthplace	Saxony
Name of Medical Attendant, or other Person who makes this Return.	Sophia Manning
Address	56 Eden St.
Remarks	

RETURN OF A BIRTH.

25637

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUL 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth No 6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Eight of July
4. Place of Birth (Street and Number)	Baltimore City, Henrietta St No 76
5. Full Name of Mother	Mary A. Squires
6. Mother's Maiden Name	Mary A. Bunney
7. Mother's Birthplace	City of Baltimore
8. Full Name of Father	Henry A. Squires
9. Father's Occupation	House carpenter
10. Father's Birthplace	City of Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Fred Grimm M.D.
Address	98 Townsell Street
Remarks	

It is the duty of any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25638

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1876 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 1st
4. *Place of Birth* (Street and Number)	193 Bolton St
5. *Full Name of Mother*	Mrs Taylor
6. *Mother's Maiden Name*	Miss Mather
7. *Mother's Birthplace*	New York City
8. *Full Name of Father*	Samuel O Taylor
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	New York City
Name of Medical Attendant, or other Person who makes this Return.	N M Kneass
Address	131 N Charles St
Remarks	

That any physician, accoucheur, midwife, or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report, to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23639

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 8th 1878
4. Place of Birth (Street and Number)	No 40 Leadenhall St
5. Full Name of Mother	Anna Schellhause
6. Mother's Maiden Name	" " Finks
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Schellhause
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Katherina Müller
Address	98 Leadenhall St
Remarks	

RETURN OF A BIRTH.

25640

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th 1878
4. Place of Birth (Street and Number)	296 Mulberry St.
5. Full Name of Mother	Margaret Sophia Rotharge Barthel
6. Mother's Maiden Name	
7. Mother's Birthplace	Washington D. C.
8. Full Name of Father	George Henry Rotharge
9. Father's Occupation	Tinner
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

Every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

256 11

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	~~Male~~ Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sunday. July 7th 1878.
4. Place of Birth (Street and Number)	632 Harford Ave.
5. Full Name of Mother	Mary A. Bruger
6. Mother's Maiden Name	Mary A. Raymond.
7. Mother's Birthplace	York Pa
8. Full Name of Father	Andrew J. Bruger
9. Father's Occupation	Hameau Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Bruton M.D.
Address	257 Greenmount Ave.
Remarks	(Vertex Presentation)

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2 5 6 4 2
2 5 6 4 3

HEALTH DEPARTMENT JUL 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5

1. Sex (~~state whether Male or~~ Female) Twins
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth July 2nd 1878
4. Place of Birth (Street and Number) No 25 N Wolf
5. Full Name of Mother Anna Gardner
6. Mother's Maiden Name " McKenzie
7. Mother's Birthplace Ireland
8. Full Name of Father John L Gardner
9. Father's Occupation Stupter
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this return J Ridgway Thirkuld

Address No 121 E Baltimore St

Remarks Mother & Twins doing well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25644

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 4th. 1878.
4. Place of Birth (Street and Number) N. Washington St. No. 118.
5. Full Name of Mother Barbara Luidl
6. Mother's Maiden Name Barbara Lentzer
7. Mother's Birthplace Baltimore City
8. Full Name of Father Michael Luidl
9. Father's Occupation Butcher
10. Father's Birthplace Rittenbaun, K. Baiern, Gurmany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25645

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 9th 1878.
4. Place of Birth (Street and Number) Johnson Street. No 152.
5. Full Name of Mother Elizabeth Kneisel
6. Mother's Maiden Name Elizabeth Schuster.
7. Mother's Birthplace Germany
8. Full Name of Father Peter Kneisel
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns

Address 114 Battery Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25646

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Ch

1. *Sex (state whether Male or Female)* Boj
2. *Race or Color (if not of the white race)* Withe
3. *Date of Birth* 9 Juli
4. *Place of Birth (Street and Number)* 222 Aleksander Street.
5. *Full Name of Mother* Kejty Kaczmarek
6. *Mother's Maiden Name* Klajn
7. *Mother's Birthplace* Wongrowiec Germany
8. *Full Name of Father* Emiel Klajn
9. *Father's Occupation* — — — —
10. *Father's Birthplace* Golanor

Name of Medical Attendant, or other Person who makes this return

Address Meni Güttner

Remarks Wolfe Strat 245.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23647

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th of July 1878
4. Place of Birth (Street and Number)	No 60 S. Howard st
5. Full Name of Mother	Caroline Macke
6. Mother's Maiden Name	Caroline Klotz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H Macke
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Slijen
Address	60 Ward Ste 53
Remarks	

RETURN OF A BIRTH.

25648

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	the 9 July
4. Place of Birth (Street and Number)	No 254 East Chase St
5. Full Name of Mother	Maria Beaver Beaver
6. Mother's Maiden Name	Mario Meyer
7. Mother's Birthplace	Germany
8. Full Name of Father	Hennes Meyer
9. Father's Occupation	Sailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	
Address	Miss Sauer Balto Md. 1878
Remarks	175 Hafet corn the 9. of July

Each Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their plyaical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

22649

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	9th July
4. *Place of Birth (Street and Number)*	811 Low Stone st
5. *Full Name of Mother*	Theresa Kramer
6. *Mother's Maiden Name*	Theresa Thoen
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	James Henry Kramer
9. *Father's Occupation*	Brick maker
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mrs Sarah Williams
Address	104 Courtney st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25650

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th 78
4. Place of Birth (Street and Number)	425 N. Fremont bet Frederick
5. Full Name of Mother	Henrietta Senf
6. Mother's Maiden Name	Henriette Hebisch
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Senf
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	L Krafft
Address	236 Eastern Ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25651

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9 1878
4. Place of Birth (Street and Number)	Md Maternite 163 N Lombard St
5. Full Name of Mother	Mary Reynolds
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Elliots City
8. Full Name of Father	Mr. Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return.	David Streett MD
Address	Md Maternite 163 N Lombard St
Remarks	Mother and child doing well

25652

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th of July 1878
4. Place of Birth (Street and Number)	64 Wheeling St
5. Full Name of Mother	Emilia Krebs
6. Mother's Maiden Name	Emilia Krebs
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad Krebs
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Presentia Kunkel
Address	71 North Chapel St. St. John's Church
Remarks	Child 9 months old. Died on Spasms ~~9 months~~ days old.

The City Physicians, Accoucheurs, Midwives, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25653

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUL 10 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	girl
2. Race or Color (if not of the white race)	brown skin
3. Date of Birth	ninth of July
4. Places of Birth (Street and Number)	ten wrights aly
5. Full Name of Mother	kate ford
6. Mother's Moiden Name	kate chesley
7. Mother's Birthplace	city
8. Full Name of Father	John ford
9. Father's Occupation	Laboner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Lydia somerville
Address	18 clinton avenue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

256511

HEALTH DEPT. JUL 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 9th
4. Place of Birth (Street and Number)	Penn n. of 135
5. Full Name of Mother	Anna Reibert.
6. Mother's Maiden Name	Anna Rorfeist
7. Mother's Birthplace	Germany.
8. Full Name of Father	Ernst Reibert
9. Father's Occupation	Tin cutter
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anna Dumler 60 Sal Schraten St
Remarks	

RETURN OF A BIRTH.

23655

HEALTH DEPARTMENT JUL 13 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th 1878
4. Place of Birth (Street and Number)	122 Cross st
5. Full Name of Mother	Mrs Kate Bennett
6. Mother's Maiden Name	Maid Kate Teague
7. Mother's Birthplace	Balto
8. Full Name of Father	Louis A Bennett
9. Father's Occupation	Tinner
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

RETURN OF A BIRTH.

25766

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 July
4. *Place of Birth (Street and Number)* 214 Key St
5. *Full Name of Mother* Dora Grassmeck
6. *Mother's Maiden Name* Paulus
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Grassmeck
9. *Father's Occupation* Tavern
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Greenley St

Remarks

RETURN OF A BIRTH.

25657

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 9th 1878
4. Place of Birth (Street and Number)	300 Montgomery St
5. Full Name of Mother	Elizie Ender
6. Mother's Maiden Name	" " Raieger
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad Ender
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Kathrina Münch
Address	98 Ladenhall St
Remarks	

It is the duty of the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25658

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUL 20 1878 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 9 1878
4. Place of Birth (Street and Number)	109 Leadenhall St.
5. Full Name of Mother	Katherina Young
6. Mother's Maiden Name	" " Welker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wolfgelon Young
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Katherina Münch
Address	98 Leadenhall St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25659

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	9th July 1878
4. *Place of Birth (Street and Number)*	26 E Dallas Alley
5. *Full Name of Mother*	Louis Wagner
6. *Mother's Maiden Name*	Louis Wagner
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	L. Wagner
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mary J. Miller
Address	125 N Caroline
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25660

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 6th 1878
4. Place of Birth (Street and Number)	29 Williams St
5. Full Name of Mother	Alice V. Kelly
6. Mother's Maiden Name	Alice V. Burke
7. Mother's Birthplace	Virginia
8. Full Name of Father	John H. Kelly
9. Father's Occupation	Cooper
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooke M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25661

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 July
4. *Place of Birth (Street and Number)* No 8 High St
5. *Full Name of Mother* Fannie Hammerschlag
6. *Mother's Maiden Name* Blume
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Hammerschlag
9. *Father's Occupation* Liquor Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Greenly St

Remarks

RETURN OF A BIRTH.

25662

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July [illegible] the 10th
4. Place of Birth (Street and Number)	213 William St Balt° Md
5. Full Name of Mother	Alice Virginia Kelly
6. Mother's Maiden Name	Alice Virginia Burns
7. Mother's Birthplace	Alexandria Va
8. Full Name of Father	John Henry Kelly
9. Father's Occupation	Cooper
10. Father's Birthplace	West York
Name of Medical Attendant, or other Person who makes this Return.	Mrs Conway
Address	181 Battery Avenue
Remarks	Healthy

RETURN OF A BIRTH.

25663

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 10th 1878
4. *Place of Birth (Street and Number)* N.E. Cor. Fremont St & Patterson Ave.
5. *Full Name of Mother* Annie T. Hughes
6. *Mother's Maiden Name* Wheeler
7. *Mother's Birthplace* Boston, Mass.
8. *Full Name of Father* Thos. Hughes
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. A. Christian M.D

Address 431 Penna. Ave.

Remarks

RETURN OF A BIRTH.

25611

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 11 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Anglo-Saxon
3. Date of Birth July 10-78
4. Place of Birth (Street and Number) No 1 N. Exeter St
5. Full Name of Mother Bessie Maynard
6. Mother's Maiden Name Bessie Maynard.
7. Mother's Birthplace Virginia
8. Full Name of Father Unknown
9. Father's Occupation —
10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. R. H. Pinder M.D.

Address 87 Franklin St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25665

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1878 STATE BOARD OF HEALTH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) W

3. Date of Birth July 10th 1878

4. Place of Birth (Street and Number) 125 Fought st

5. Full Name of Mother Sakale Lawrenson

6. Mother's Maiden Name a Johnson

7. Mother's Birthplace City

8. Full Name of Father John Lawrenson

9. Father's Occupation Laborer

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Bustenance

Address 120 Banks st

Remarks

Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25666

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 10 th 1878
4. Place of Birth (Street and Number)	99 Fremont st
5. Full Name of Mother	Maria Fuller
6. Mother's Maiden Name	M. Diemeyer
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Wm Fuller
9. Father's Occupation	Baker
10. Father's Birthplace	Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	Cedric Dorsey
Address	36 Caroll st
Remarks	

Every Physician, accoucheur, midwife, or other person in charge, who shall attend or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25667

HEALTH DEPARTMENT BALTIMORE JUL 16 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White "
3. *Date of Birth*	10 July
4. *Place of Birth (Street and Number)*	37 Yarbh Road
5. *Full Name of Mother*	Mdny E. [illegible] Sleigh
6. *Mother's Maiden Name*	Morgan
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Sleigh
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Chrismer
Address	No 8 Forrest Place
Remarks	

25668

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1st d.
1. Sex (~~state whether~~ Male or ~~Female~~)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth July 13th 1878.
4. Place of Birth (Street and Number) 311 N. Eutaw St.
5. Full Name of Mother Mary A. Boyce.
6. Mother's Maiden Name Mary A. Nicholson.
7. Mother's Birthplace Balto City.
8. Full Name of Father John L. Boyce.
9. Father's Occupation Salesman.
10. Father's Birthplace Balto City.
Name of Medical Attendant, or other Person who makes this Return. John H. K. Boyce, M.D.
Address City.
Remarks

Each any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23669

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd son

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Baltimore July 10th 1878
4. Place of Birth (Street and Number) No 13 Claret alley
5. Full Name of Mother Ellenora Fisher
6. Mother's Maiden Name
7. Mother's Birthplace Snow Hill Md
8. Full Name of Father Samuel Fisher
9. Father's Occupation Longshoreman
10. Father's Birthplace Accomac Co

Name of Medical Attendant, or other Person who makes this Return. Rosetta Galloway

Address Eutaw 1 door from Barre

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25670

HEALTH DEPARTMENT JUL 13 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 12th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 10th 1878.
4. *Place of Birth (Street and Number)* 282 Canton Ave.
5. *Full Name of Mother* Annie Schneider
6. *Mother's Maiden Name* Annie Weigel.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Ferdinand Schneider.
9. *Father's Occupation* Tinner.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks ~~11~~

That the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25671

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
5
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth 10th of July.
4. Place of Birth (Street and Number) Lexington St 302
5. Full Name of Mother
6. Mother's Maiden Name Katie Kastner
7. Mother's Birthplace Lexington St.
8. Full Name of Father Richard Henry Whitney
9. Father's Occupation Printer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Miss Anne Dumler
Address 60 Exeter
Remarks

Every Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25672

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 10. 1878
4. *Place of Birth (Street and Number)* E. Wagster No 79
5. *Full Name of Mother* Mary Apel
6. *Mother's Maiden Name* Schaf
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Friedrich Apel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baden Baden

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Bomgardt

Address E. Wagster No 28

Remarks Mrs. Dr.

The any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25673

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUL 20 1878 BALTIMORE MD.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 10. 1878
4. *Place of Birth (Street and Number)* S. Wolfst No 41
5. *Full Name of Mother* Mary Dortenwerch
6. *Mother's Maiden Name* Spigel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jakob Dortenwerch
9. *Father's Occupation* Gartner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Rompach.

Address S. Wolfst No 28

Remarks Mrs. Dr. Rompach

RETURN OF A BIRTH.

25674

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) Ninth

1. Sex (state whether ~~Male~~ or Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July 10th 1878
4. Place of Birth (Street and Number) 5 N Ann St
5. Full Name of Mother Mary Frances McEahan
6. Mother's Maiden Name Mary F. McDermott
7. Mother's Birthplace New Kingston Rhode Island
8. Full Name of Father Capt. Daniel McEahan
9. Father's Occupation Mariner
10. Father's Birthplace Baltimore City Md

Name of Medical Attendant, or other Person who makes this return Nicholas L. Bushell

Address 207 S. Broadway

Remarks

WM. J. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25675

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 tes Kind
1. *Sex (state whether Male or Female)*	Mädchen
2. *Race or Color (if not of the white race)*	Weiß
3. *Date of Birth*	geboren 11 ten Juli
4. *Place of Birth (Street and Number)*	№ 204 S. Bond St
5. *Full Name of Mother*	Margarethe Gleisner
6. *Mother's Maiden Name*	Margarethe Wilhelm
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Benhart Gleisner
9. *Father's Occupation*	Lehrmeister
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this return	Friederike Kaufmann
Address	№ 204 S. Bond Str
Remarks	Hebamme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

25676

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child to mother

1. Sex (state whether Male or Female) Male Child
2. Race or Color (if not of the white race) Colored race
3. Date of Birth July the 11.1878
4. Place of Birth (Street and Number) Mulliken St 102 Baltimore
5. Full Name of Mother Nelle Jackson
6. Mother's Maiden Name Nelle Carmish
7. Mother's Birthplace Dorchester Co md
8. Full Name of Father Daniel Jackson
9. Father's Occupation Labor
10. Father's Birthplace Dorchester Co md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Walford

Address 130 Eggleston St Baltimore md

Remarks

RETURN OF A BIRTH.

1 25677

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 11th 1878
4. Place of Birth (Street and Number)	No 367 Charles st
5. Full Name of Mother	Henrietta Wiemes
6. Mother's Maiden Name	Wells
7. Mother's Birthplace	America
8. Full Name of Father	Morian Wiemes
9. Father's Occupation	Carpenter
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmasser midwife
Address	213 Cross st.
Remarks	

The duty of physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25678

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 11th 1878
4. Place of Birth (Street and Number)	465 Saratoga St.
5. Full Name of Mother	Julia E. Smith
6. Mother's Maiden Name	Lecates
7. Mother's Birthplace	Princess Anne Co. Md.
8. Full Name of Father	Levin Ballard Smith
9. Father's Occupation	Inspector of Customs
10. Father's Birthplace	Princess Anne Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	43 Penna. Ave.
Remarks	

RETURN OF A BIRTH.

25679

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 11th 1878
4. Place of Birth (Street and Number)	73 Amity St.
5. Full Name of Mother	Catharina Schroeder
6. Mother's Maiden Name	C. Reinhardt
7. Mother's Birthplace	Germany
8. Full Name of Father	Carl Schroeder
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophia Wood
Address	51 Amity St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23680

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male Child
2. *Race or Color (if not of the white race)* Colord Child
3. *Date of Birth* July the 11. 1878
4. *Place of Birth (Street and Number)* No 232 Cross Street
5. *Full Name of Mother* Louvasa harris
6. *Mother's Maiden Name* .....
7. *Mother's Birthplace* eastern Shore Maryland
8. *Full Name of Father* John harris
9. *Father's Occupation* Wood Sawer
10. *Father's Birthplace* eastern Shore Maryland

Name of Medical Attendant, or other Person who makes this Return. none

Address .....

Remarks Susan Butler
No 86 goodman Alley

Any one at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25681

HEALTH DEPT. JUL 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

It is any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 11th
4. *Place of Birth (Street and Number)*	118 Calvert st.
5. *Full Name of Mother*	Mary L. Kunnecke
6. *Mother's Maiden Name*	Mary Jacob
7. *Mother's Birthplace*	Hesse
8. *Full Name of Father*	Fritz Kunnecke
9. *Father's Occupation*	Liquor Dealer
10. *Father's Birthplace*	Hanover
Name of Medical Attendant, or other Person who makes this Return	Miss. Tumbling 61
Address	F. Kunnecke 118 N. Calvert st. Christian
Remarks	Child is healthy & Robust

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23682

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Mulatto
2. *Race or Color (if not of the white race)* Male
3. *Date of Birth* 11th July 1878
4. *Place of Birth (Street and Number)* 120 2d Stirling
5. *Full Name of Mother* Mary Richardson
6. *Mother's Maiden Name* Mary Wade
7. *Mother's Birthplace* West Middlesex Virginia
8. *Full Name of Father* Richard H Richardson
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* West Middlesex Virginia

Name of Medical Attendant, or other Person who makes this return Robt J Weir

Address 120 N Front Street

Remarks White Male Child living

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25683

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 11 of July
4. *Place of Birth (Street and Number)* No 2 Jefferson Alley
5. *Full Name of Mother* Lavinia Bennett
6. *Mother's Maiden Name* Lucy Gray
7. *Mother's Birthplace* Easton
8. *Full Name of Father* Charles Bennett
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Easton

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25684

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	5 te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 11. 1878
4. Place of Birth (Street and Number)	Herrings Court 3.
5. Full Name of Mother	Theresia Flotemesch
6. Mother's Maiden Name	Busch
7. Mother's Birthplace	Damm Oldenburg
8. Full Name of Father	Heinrich Flotemesch
9. Father's Occupation	Schuhmacher
10. Father's Birthplace	Neukirch Oldenburg
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Johanna Baldpach
Address	S. Wolfe str No 28
Remarks	U. Imp

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25685

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. JUL 22 1878 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First (1)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 11th 1878
4. *Place of Birth (Street and Number)* No 219 East B
5. *Full Name of Mother* Mollie A. Fullgood
6. *Mother's Maiden Name* " " Slafer
7. *Mother's Birthplace* City of Baltimore
8. *Full Name of Father* Jos. Fullgood
9. *Father's Occupation* Painter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Dr. D. Blake Hall

Address 119 East B

Remarks

25686

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 11 - 1878
4. Place of Birth (Street and Number)	243 Mulberry St.
5. Full Name of Mother	Helen Reed
6. Mother's Maiden Name	Penniman
7. Mother's Birthplace	New York City
8. Full Name of Father	Robert B Reed
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. Reed M.D.
Address	87 Mulberry St
Remarks	

RETURN OF A BIRTH.

25687

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11
4. *Place of Birth (Street and Number)* 44 patterson park av
5. *Full Name of Mother* Mary Catharine Hink
6. *Mother's Maiden Name* Mary Catharine Eisenbach
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Hink
9. *Father's Occupation* tinner
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this return Louis. Wiley

Address 1112 Patten Park avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25688

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 12th 1878
4. Place of Birth (Street and Number)	39 Henrietta
5. Full Name of Mother	Sarah Owens
6. Mother's Maiden Name	Sarah McCrate
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas N. Owens
9. Father's Occupation	Plumber
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

RETURN OF A BIRTH.

25689

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th July 1878
4. *Place of Birth (Street and Number)* 238 East Cromwell St
5. *Full Name of Mother* Mary Bonigal
6. *Mother's Maiden Name* Mary Anfang
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Anfang
9. *Father's Occupation* Laborman
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Essentia Kunkel

Address 71 North Chappel St for John Kunkel

Remarks Healthy

John Kunkel

25690

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	12 July 1878
4. Place of Birth (Street and Number)	114 Denham St.
5. Full Name of Mother	Katrina Babistelle
6. Mother's Maiden Name	" Cuny
7. Mother's Birthplace	U.S.
8. Full Name of Father	Francis Babistelle
9. Father's Occupation	Stevedore
10. Father's Birthplace	U.S.
Name of Medical Attendant, or other Person who makes this Return.	Isaac Cooper
Address	522 E Lombard
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23691

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 12th 1878
4. Place of Birth (Street and Number)	No 38 Gilson Court
5. Full Name of Mother	Adeline Goldie
6. Mother's Maiden Name	Wasson
7. Mother's Birthplace	Dorchester County. Md.
8. Full Name of Father	George Goldie
9. Father's Occupation	Asst Oyster Shucker
10. Father's Birthplace	Sharp St Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Blaker
Address	No 53 Carlton st
Remarks	it is very delicate

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25692

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 12 d. 1878
4. *Place of Birth (Street and Number)* 550 Aisquith st.
5. *Full Name of Mother* Christine Sanders
6. *Mother's Maiden Name* Christ. Schneider
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Sanders
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 734 N. Bond str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23693

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 12 d. 1878
4. Place of Birth (Street and Number)	8 Cr. Karlsruhe Str.
5. Full Name of Mother	Marie Braun
6. Mother's Maiden Name	M. Heingling
7. Mother's Birthplace	Germany
8. Full Name of Father	Konrad Braun
9. Father's Occupation	Maschinist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	M R. Rudiger
Address	134 N. Bond Str.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25694

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First.
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 12th 1878
4. Place of Birth (Street and Number)	218 Lee St.
5. Full Name of Mother	Ella Miller
6. Mother's Maiden Name	Ella Woods
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James T. Miller
9. Father's Occupation	Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	D.C.K. H. Barclay M.D.
Address	47 Conway St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25695

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 1st
4. Place of Birth (Street and Number)	Hamburg above Baltimore
5. Full Name of Mother	Gertrude Ebert
6. Mother's Maiden Name	Gertrude Crimel
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robert Ebert
9. Father's Occupation	carpenter and Builder
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. Labrip
Address	
Remarks	

25696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 6

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth July 12th 1878.
4. Place of Birth (Street and Number) 413 Park Ave
5. Full Name of Mother Sarah Jane Howard
6. Mother's Maiden Name Sarah Jane Lemmon
7. Mother's Birthplace Baltimore City.
8. Full Name of Father Columbus J. Howard Jr.
9. Father's Occupation Merchant
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John L. E. Kemp M.D.

Address " " "

Remarks City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25697

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 12
4. Place of Birth (Street and Number)	134 E Fayette
5. Full Name of Mother	Amanda Peterman
6. Mother's Maiden Name	Amanda peterman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fredrick peterman
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	mrs Lear Johnson
Address	no 32 short st
Remarks	healthy child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25698

HEALTH DEPARTMENT
JUL 17 1978
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 July
4. *Place of Birth (Street and Number)* 66 Albemarle St
5. *Full Name of Mother* Annie Hall
6. *Mother's Maiden Name* Annie Kuehnemann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Douglas V Hall
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Chas Elgie Flemming

Address 95 Albemarle St

Remarks Baltimore md

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25699

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 " "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	July 12 1878
4. Place of Birth (Street and Number)	Residence 163 W. Lombard St
5. Full Name of Mother	Mary Mc-Cue
6. Mother's Maiden Name	"
7. Mother's Birthplace	Ireland
8. Full Name of Father	Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Streett M.D.
Address	Residence 163 W. Lombard St
Remarks	Mother and child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25700

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~)

1. Sex (~~*state whether Male or*~~ *Female*)

2. Race or Color (~~*if not of the white race*~~)

3. Date of Birth July 12th 78

4. Place of Birth (*Street and Number*) W. Mar. bet. Grd. & Germ. Sts.

5. Full Name of Mother Elora R. Murphey

6. Mother's Maiden Name Elora R. McGee.

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Joseph F. Murphey

9. Father's Occupation Salesman

10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. John T. A. Bryan M.D.

Address " City "

Remarks Premature Labor, at the 8th Month.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25701

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d Child
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	12 July 1878
4. Place of Birth (Street and Number)	Pearl Street 37
5. Full Name of Mother	Mary Weber
6. Mother's Maiden Name	Mary Ammer
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Weber
9. Father's Occupation	Steward
10. Father's Birthplace	Vienna Austria
Name of Medical Attendant, or other Person who makes this Return.	Dr L Reinhard
Address	224 West Fayette Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25702

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 12th 1878.
4. *Place of Birth (Street and Number)*	77 Sommers st Sth.
5. *Full Name of Mother*	Lizzie Preller
6. *Mother's Maiden Name*	L. Braunholz
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John H. Preller
9. *Father's Occupation*	Taylor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dina Hillegeist
Address	No 182 e Monument Str
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25703

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 17th 78
4. *Place of Birth (Street and Number)* 13 Elting St.
5. *Full Name of Mother* Emma Spangler
6. *Mother's Maiden Name* Emma Ray
7. *Mother's Birthplace* Prince George's Co. Md
8. *Full Name of Father* James Dukamer Spangler
9. *Father's Occupation* Officer of City Police
10. *Father's Birthplace* Baltimore. Md

Name of Medical Attendant, or other Person who makes this return A. C. Fox. Md

Address 82 N. Charles St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25704

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 13th 1878
4. Place of Birth (Street and Number) No. 10 N. Caroline St.
5. Full Name of Mother Mrs. Julia A. Gallis
6. Mother's Maiden Name Miss Julia A. Gallyer
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Mr. Wm. T. Gallis
9. Father's Occupation Bricklayer
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Wm. H. Cunningham M.D.

Address No. 102 N. Dorchester

Remarks

RETURN OF A BIRTH.

25705

HEALTH DEPARTMENT
29
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 13th 1878
4. *Place of Birth (Street and Number)*	16 Gardner st
5. *Full Name of Mother*	Margarette Daugherty
6. *Mother's Maiden Name*	Mowrey
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Michael Daugherty
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Annie Meisenzahl
Address	220 Preston st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25706

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name of Child: Minnie Estelle Wadkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 13th 1878
4. *Place of Birth (Street and Number)*	50 Cumberland St.
5. *Full Name of Mother*	Helen Isadore Watkins Wierman
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Thomas Edward Watkins
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

23707

HEALTH DEPARTMENT
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* July 15th 78
4. *Place of Birth (Street and Number)* 20 State 8th City of Balto
5. *Full Name of Mother* Annella Hill
6. *Mother's Maiden Name* Annella Oldham
7. *Mother's Birthplace* Balto: City
8. *Full Name of Father* Horace Hill
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Balto:

Name of Medical Attendant, or other Person who makes this Return. R. H. Powell M.D.

Address 87 Franklin St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25708

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 15 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 13 — 1878 — 10 PM
4. Place of Birth (Street and Number) Jud Maternite	168 W Lombard St
5. Full Name of Mother	Mary Winters
6. Mother's Maiden Name	Mary Winters
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mr Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return	David Streett MD Resident Phy.
Address Jud Maternite —	168 W Lombard St.
Remarks Mother and Child doing well	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25709

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 15 1878

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th "

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth July 13th " 1878
4. Place of Birth (Street and Number) 39 Gough St.
5. Full Name of Mother Mary King.
6. Mother's Maiden Name Mary Steigerwald
7. Mother's Birthplace America
8. Full Name of Father John King.
9. Father's Occupation Carpenter.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. H. M. Emerick.

Address No. 137 Wolfe St.

Remarks C "

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25710

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 13th 1878

HEALTH DEPT. JUL 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 13th 1878
4. *Place of Birth (Street and Number)* 125 Tallas St.
5. *Full Name of Mother* L. Uhl.
6. *Mother's Maiden Name* L. Kilta.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John Uhl
9. *Father's Occupation* Driver.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.

Address No. 137 Wolfe St.

Remarks —

RETURN OF A BIRTH.

25711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 13 th 1878
4. Place of Birth (Street and Number)	N° 426 Hanover st
5. Full Name of Mother	Cathern Oberseider
6. Mother's Maiden Name	Leriger
7. Mother's Birthplace	Germaney
8. Full Name of Father	John Oberbieder
9. Father's Occupation	Tailor
10. Father's Birthplace	Germaney
Name of Medical Attendant, or other Person who makes this Return.	J. Schnoeder midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25721

HEALTH DEPARTMENT JUL 15 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 15 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st m.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 15th 1878.
4. *Place of Birth (Street and Number)* 177 Medara Alley.
5. *Full Name of Mother* Paulina Hartman.
6. *Mother's Maiden Name* Paulina Parr.
7. *Mother's Birthplace* America.
8. *Full Name of Father* Frank Hartman.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs M Amend

Address No. 137 Wolfe.

Remarks

RETURN OF A BIRTH.

23713

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White
3. Date of Birth July 13th 1878.
4. Place of Birth (Street and Number) Argyle Al
5. Full Name of Mother Mary E. Hollane.
6. Mother's Maiden Name Mary E. McDonald
7. Mother's Birthplace West Virginia
8. Full Name of Father Michael Hollane
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant or other Person who makes this Return. Westley Chambers M.D.

Address City Hospital

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25714

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 13 - d. 1878
4. *Place of Birth (Street and Number)* 1286 Fait Stret.
5. *Full Name of Mother* Luise Loening
6. *Mother's Maiden Name* L. Bauman
7. *Mother's Birthplace* Balti. Con.
8. *Full Name of Father* Friedrig Loening
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Wm R. Rudiger

Address 134 N. Bond Stret

Remarks

RETURN OF A BIRTH.

2nd 25715

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: George W. Hughes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex (state whether Male or Female) White.
2. Race or Color (if not of the white race) Boy.
3. Date of Birth 12 July 78.
4. Place of Birth (Street and Number) 250 Durham St.
5. Full Name of Mother (Louise Forks.) Elizabeth Hughes
6. Mother's Maiden Name (Forks.) Fuchs
7. Mother's Birthplace Baltimore
8. Full Name of Father (Jam. Forks.) William J. Hughes
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Jerome Schultz.

Address 202 Hecamn St.

Remarks Baltimore Md.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25716

HEALTH DEPT. JUL 19 1878 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White 1

3. Date of Birth July 13 1878

4. Place of Birth (Street and Number) 268 Oleanna St

5. Full Name of Mother Elizabeth Dunn

6. Mother's Maiden Name Elizabeth Deaton

7. Mother's Birthplace England

8. Full Name of Father James Dunn

9. Father's Occupation Sailor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E. Frey

Address 193 So. Ann St

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25717

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* july 13
4. *Place of Birth (Street and Number)* 160 north spring st
5. *Full Name of Mother* charity grimage
6. *Mother's Maiden Name* charity wilson
7. *Mother's Birthplace* Richmand va
8. *Full Name of Father* Elisha grimage
9. *Father's Occupation* labbor
10. *Father's Birthplace* Richmand va

Name of Medical Attendant, or other Person who makes this Return. mrs lear fahnestock

Address no 82 spark st

Remarks healthy child

RETURN OF A BIRTH. 25718

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth 14 C,

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* Colored "

3. *Date of Birth* July 13th 1878

4. *Place of Birth (Street and Number)* No. 125 N. Bethel St

5. *Full Name of Mother* Mrs. Emily L. Hammond

6. *Mother's Maiden Name* Miss Emily L. Ennolds

7. *Mother's Birthplace* Dorchester Co. Md

8. *Full Name of Father* Mr. W.M. Agustus Hammond

9. *Father's Occupation* Driver

10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who sends this Return. Eliza Ennolds

Address No. 125 N. Bethel St

Remarks

RETURN OF A BIRTH.

25719

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Twins 1 Male 1 Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 13th 1878
4. *Place of Birth (Street and Number)* N 243 W. Hoffman St
5. *Full Name of Mother* Margaret Mary Ronayne
6. *Mother's Maiden Name* Margaret Mary Vaughan
7. *Mother's Birthplace* Buffalo New York
8. *Full Name of Father* John A. Ronayne
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Cork Ireland

Name of Medical Attendant, or other Person who makes this Return. F. Whatard M.D

Address N 114 Park ave

Remarks

RETURN OF A BIRTH.

25720

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	13th of July 1878.
4. *Place of Birth (Street and Number)*	No 72 W. Saratoga
5. *Full Name of Mother*	Louisa Jane Mc Sheller Fry
6. *Mother's Maiden Name*	Mrs Charles R. Fry
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Charles R. Fry
9. *Father's Occupation*	Grocer
10. *Father's Birthplace*	Hamburg
Name of Medical Attendant, or other Person who makes this return	Jas E. Walker
Address	120 N. Caroline St Baltimore
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25721

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUL 24 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	13 July
4. Place of Birth (Street and Number)	37 Columbia Ave.
5. Full Name of Mother	Kate Baer
6. Mother's Maiden Name	" Wolf
7. Mother's Birthplace	Hessen-Darmstadt Germany
8. Full Name of Father	Christian Baer
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Kolb
Address	338 South Eutaw St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25722

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 4th day 13 of July 1878
4. *Place of Birth (Street and Number)* No 34 Second Street
5. *Full Name of Mother* Lavinia Randolph
6. *Mother's Maiden Name* Lavinia Neal
7. *Mother's Birthplace* Easton Talbot Co Md
8. *Full Name of Father* Frederic Randolph
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Virginia Prince George County

Name of Medical Attendant, or other Person who makes this return Robert Williams

Address No 34 Second Street

Remarks Mother Died Well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25723
25724

HEALTH DEPARTMENT
JUL 29 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th & 6th
1. *Sex (state whether Male or Female)*	Male & Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 14th 1878
4. *Place of Birth (Street and Number)*	183 N. Eutaw St
5. *Full Name of Mother*	Rosa Floedt
6. *Mother's Maiden Name*	" Schmidt
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Fredr Floedt
9. *Father's Occupation*	Hair dealer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Louis Mussenbeck (Undertaker)
Address	220 Pratt St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25723

HEALTH DEPARTMENT JUL 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 14th 1878,
4. Place of Birth (Street and Number)	N. Sharp St No. 27,
5. Full Name of Mother	Blanch Lichtfrayer
6. Mother's Maiden Name	Blanch Lichtfrayer
7. Mother's Birthplace	York Penn,
8. Full Name of Father	Unknown
9. Father's Occupation	Unknown
10. Father's Birthplace	Unknown
Name of Medical Attendant, or other Person who makes this Return.	J. Worthington Chambers M.D
Address	City Hospital
Remarks	

RETURN OF A BIRTH.

25726

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 Gilting st
4. Place of Birth ~~(Street and Number)~~	July 14th
5. Full Name of Mother	Ann Rebecca Roberts
6. Mother's Maiden Name	Annie Rebecca Henry
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph T. Roberts
9. Father's Occupation	Caulker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid; within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25727

HEALTH DEPT. JUL 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 14 d 1878
4. *Place of Birth (Street and Number)* 145 Orleans Strt
5. *Full Name of Mother* Magdalene Nitz
6. *Mother's Maiden Name* Magd. Walz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Konrad Nitz
9. *Father's Occupation* Brassmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Marie R. Rudiger

Address 134 W. Bond St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25728

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th child
1. Sex (state whether Male or Female)	Female Child
2. Race or Color (if not of the white race)	Brown skin
3. Date of Birth	July 14
4. Place of Birth (Street and Number)	Lemmon St Number 14
5. Full Name of Mother	A Manday Skinner
6. Mother's Maiden Name	Amey Tully
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James Skinner
9. Father's Occupation	Waitter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wife Harriet Britton
Address	
Remarks	

RETURN OF A BIRTH.

25729

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth July 14th 1878
4. Place of Birth (Street and Number) 1 Hughes Street No 142
5. Full Name of Mother Catherine Hayden
6. Mother's Maiden Name Catherine Cunbly
7. Mother's Birthplace Winchester. V. a.
8. Full Name of Father Benjamin Hayden
9. Father's Occupation Painter
10. Father's Birthplace Northumberland. V. a.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Baune

Address 114 Battery Av

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 14th 1878
4. *Place of Birth (Street and Number)*	1241 Penna Ave
5. *Full Name of Mother*	Minnie Schaldmueller
6. *Mother's Maiden Name*	Minnie Thier
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Schaldmueller
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	E. Shaw M.D.
Address	1241 Penna Ave
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25731
25732

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1978 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 10
1. *Sex (state whether Male or Female)*	Male and Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 1 & 2 1918
4. *Place of Birth (Street and Number)*	No 35 Decker St
5. *Full Name of Mother*	Sarah Kelly
6. *Mother's Maiden Name*	Sarah Yeats
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Philip Kelly
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	No 416 Lund Jones
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23733
23734

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Birth
1. Sex (state whether Male or Female)	male twins
2. Race or Color (if not of the white race)	colard
3. Date of Birth	July 14
4. Place of Birth (Street and Number)	110 Law st
5. Full Name of Mother	Lawrence Nash
6. Mother's Maiden Name	Lawrence Sprewel
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Alf Nash
9. Father's Occupation	Barber
10. Father's Birthplace	south Amarica
Name of Medical Attendant, or other Person who makes this Return.	mrs Lear Johnson
Address	no 32 short st
Remarks	one healthy and one delicate

RETURN OF A BIRTH.

25735

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 14th 1878
4. Place of Birth (Street and Number)	5-8 S. Carey
5. Full Name of Mother	Emma ~~Shimp~~
6. Mother's Maiden Name	" Holtz
7. Mother's Birthplace	Maryland
8. Full Name of Father	Marten P. Shimp
9. Father's Occupation	Sergt. Police
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Geo B Reynolds
Address	43 N. Calvert
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25736

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* July 14th 1878
4. *Place of Birth (Street and Number)* No. 99 N. Ann St.
5. *Full Name of Mother* Mrs. Ann Elizabeth Fitzgerald
6. *Mother's Maiden Name* Miss Ann Elizabeth Robinson
7. *Mother's Birthplace* Dorchester Co. Md.
8. *Full Name of Father* Mr. James H. Fitzgerald
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Dr. H. Clendinen, M.D.

Address No. 102 N. Broadway

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25737

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	14th July 1878
4. Place of Birth (Street and Number)	Highland Ave
5. Full Name of Mother	Catherina Timm
6. Mother's Maiden Name	" Kohlenhaas
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Timm
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cabo
Address	52 E Lombard
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23738.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT JUL 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 22nd
4. *Place of Birth (Street and Number)* Baltimore Hamburg Street No 182
5. *Full Name of Mother* Mollie Ross
6. *Mother's Maiden Name* " Earls
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Pet Earls
9. *Father's Occupation* Roustabout
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annaline Wilson

Address 924 Cross Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25739

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 14th 1878
4. Place of Birth (Street and Number)	No 311 N Carrollton Ave
5. Full Name of Mother	Sue. Burger. Hurtt.
6. Mother's Maiden Name	Sue. Burger
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	John L. Hurtt.
9. Father's Occupation	Wholesale Druggist.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	296 W Pratt st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25740

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 14th
4. *Place of Birth (Street and Number)* No. 235 East Lombard st
5. *Full Name of Mother* Mary Bernhard
6. *Mother's Maiden Name* Eldfater
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Master Bernhard
9. *Father's Occupation* Locksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Gelzke

Address

Remarks No. 5 S. S. Bond st

RETURN OF A BIRTH. 25741

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
25
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 14 78
4. *Place of Birth (Street and Number)* # 785 Eastern Ave
5. *Full Name of Mother* Mary Lyndemann
6. *Mother's Maiden Name* " " Kahmann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Lindemann
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr Krapf

Address 2038 Eastern Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act passed by the Legislature of the State of Maryland.

RETURN OF A BIRTH. No. 25742

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	14 July 1878
4. Place of Birth (Street and Number)	S. Sharp Street 85
5. Full Name of Mother	Clementine Steinmeyer
6. Mother's Maiden Name	Clementine Geisler
7. Mother's Birthplace	Baden Germany
8. Full Name of Father	Peter Steinmeyer
9. Father's Occupation	Restaurateur
10. Father's Birthplace	Preidseltz. Alsace
Name of Medical Attendant, or other Person who makes this Return	Dr. L. Reinhard
Address	224 West Lafayette Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23743

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 14 July 1878
4. *Place of Birth (Street and Number)* 157 N Eden St.
5. *Full Name of Mother* Lizzie Hochadel
6. *Mother's Maiden Name* Lauster
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James J. Hochadel
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Hiller
Address 151 E Pratt st.
Remarks

RETURN OF A BIRTH.

25744

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth July 14th 1878
4. Place of Birth (Street and Number) No 2 Harlem Ave
5. Full Name of Mother Julia A Bates
6. Mother's Maiden Name Julia A Smith
7. Mother's Birthplace Leedtown Jefferson Co W Va
8. Full Name of Father James O Bates
9. Father's Occupation Jeweler
10. Father's Birthplace Steubenville O
Name of Medical Attendant, or other Person who makes this Return. W^m Connell M D
Address 498 W Fayette St
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25743

DEPARTMENT OF HEALTH AUG 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 15th 1878
4. *Place of Birth (Street and Number)* # 314 Harford Ave
5. *Full Name of Mother* Marcella Miller
6. *Mother's Maiden Name* Marcella Winkand
7. *Mother's Birthplace* Hagerstown Md
8. *Full Name of Father* John Miller
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Marcella Miller

Address 586 E. Monument St

Remarks

RETURN OF A BIRTH.

23746

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 15th 1878
4. *Place of Birth (Street and Number)* No 211 S Bethel st
5. *Full Name of Mother* Julie Colton
6. *Mother's Maiden Name* " Thomas
7. *Mother's Birthplace* City
8. *Full Name of Father* A. Woodrey Colton
9. *Father's Occupation* School teacher
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Beslin

Address 120 Bank st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

THE RECORDS OF THIS OFFICE ARE THE PROPERTY OF THE CITY OF BALTIMORE.

RETURN OF A BIRTH.

23747

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	Male
3. Date of Birth	July 15th 1878
4. Place of Birth (Street and Number)	509 West Lombard St
5. Full Name of Mother	Mrs Mary Charlesman
6. Mother's Maiden Name	Mary Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mr. James Charlesman
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elia Griffenkamp.
Address	509 West Lombard St
Remarks	Living Well.

For Records of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25748

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or ~~Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 2 a. m. 15th July, 1878.

4. Place of Birth (Street and Number) 57 Linden Av - or Garden St

5. Full Name of Mother Mary Ann McIntyre

6. Mother's Maiden Name Mary Ann Connor

7. Mother's Birthplace Ashland, Baltimore County

8. Full Name of Father James Francis McIntyre

9. Father's Occupation Policeman

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. S. Worth M.D.

Address 148 W. Howard St

Remarks

Penalty of Five Dollars in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25749

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15th
4. Place of Birth (Street and Number)	Cor. Light & Randall
5. Full Name of Mother	Maria Reynolds
6. Mother's Maiden Name	" Turner
7. Mother's Birthplace	West Meath - Ireland
8. Full Name of Father	Patrick Reynolds
9. Father's Occupation	Tailor
10. Father's Birthplace	West Meath Ireland
Name of Medical Attendant, or other Person who makes this Return.	W. B. O'Reilly MD
Address	235 N. Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25730

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15
4. Place of Birth (Street and Number)	Baltimore 204 Sharp St
5. Full Name of Mother	Mary Scully
6. Mother's Maiden Name	Mary Brogan
7. Mother's Birthplace	Mother Birthplace Ireland
8. Full Name of Father	Pat Scully
9. Father's Occupation	Laborer
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return	Rose Kinsler
Address	98 Sutton Hill
Remarks	

RETURN OF A BIRTH.

25751

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 15th 1878
4. Place of Birth (Street and Number)	Bet 304 Sharp st
5. Full Name of Mother	Susana Hess
6. Mother's Maiden Name	Friedrich
7. Mother's Birthplace	Germany
8. Full Name of Father	John Hess
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Lohmasser midwife
Address	213 Cross st
Remarks	

See Reverse of This Sheet for Penalties in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25752

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 15th 1878
4. *Place of Birth (Street and Number)* No 197 Fremont St
5. *Full Name of Mother* Lilly L Waidner
6. *Mother's Maiden Name* Lilly L Thomas
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry A Waidner
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who follows this Return. H. L. Bobrie M.D.

Address No 9 Edmondson Ave

Remarks

Form Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25733

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 16th 78.
4. *Place of Birth (Street and Number)* No. 686 Bolton Alley.
5. *Full Name of Mother* Frances Liddons
6. *Mother's Maiden Name* Frances Caulk.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Lewis Liddons
9. *Father's Occupation* Florist + Flowerdealer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Frances Caulk

Address

Remarks No. 10 Penn Alley Alley

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Any Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

2,57311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 13 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colard
3. *Date of Birth* july 18
4. *Place of Birth (Street and Number)* 1134 Kirling st
5. *Full Name of Mother* Myrtha dadd
6. *Mother's Maiden Name* Myetta Trusty
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas dadd
9. *Father's Occupation* labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs Lear Johnson

Address no 32 urhart st

Remarks healthy child

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25755

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUL 15 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15 1878.
4. Place of Birth (Street and Number)	242 N. Carey St.
5. Full Name of Mother	Eliz. J. Gifford
6. Mother's Maiden Name	Eliz. J. Stevens.
7. Mother's Birthplace	Philad.a
8. Full Name of Father	Thos. Gifford
9. Father's Occupation	Painter
10. Father's Birthplace	Balt.e
Name of Medical Attendant, or other Person who makes this Return.	Jas. F. Powell. M.D.
Address	224 Carrollton Ave
Remarks	Child Healthy

For Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25756

RETURN OF A BIRTH.

JUL 25 1878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Cu

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15th July
4. *Place of Birth (Street and Number)* Lausent Street Locust Point
5. *Full Name of Mother* Amalie Adelhute Enoch Heine
6. *Mother's Maiden Name* Amalie Adelhute Enoch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Franz Wilhelm Enoch
9. *Father's Occupation* Restaurent
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mary the Chertel

Address Jacob Street Locust Point N 113

Remarks

Fee Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25757

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 15th 1878
4. *Place of Birth (Street and Number)*	#760 Alice Anna st.
5. *Full Name of Mother*	Lena Winkelman
6. *Mother's Maiden Name*	Lizzie Winkelman
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	M. Winkelman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Mary A Simms
Address	#203 Washington Ave,
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 25758

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 th of July
4. *Place of Birth (Street and Number)* parkin street 18
5. *Full Name of Mother* Mrs Frannie Cavena
6. *Mother's Maiden Name* Frannie Wardell
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John H Cavena
9. *Father's Occupation* Salesmans
10. *Father's Birthplace* St. Luise

Name of Medical Attendant, or other Person who makes this Return. Mrs Goodman

Address Mrs Frannie Cavena 18 parkin street

Remarks

RETURN OF A BIRTH.

25759

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15. 1878
4. Place of Birth (Street and Number)	E. Baltimore str. No 286
5. Full Name of Mother	Mary Hartmann
6. Mother's Maiden Name	Beyer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Hartmann
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. Johann Baumbach
Address	E. Baltimore str. No 28
Remarks	Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25760.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c)	7te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 15. 1878
4. Place of Birth (Street and Number)	South Wolfe str No 28
5. Full Name of Mother	Josepha Brestenbach
6. Mother's Maiden Name	Hartmann
7. Mother's Birthplace	Frammersbach Bayern
8. Full Name of Father	Kasper Brestenbach
9. Father's Occupation	Cooper
10. Father's Birthplace	Frammersbach Bayern
Name of Medical Attendant, or other Person who makes this Return.	Ms. Johanna Rauprich
Address	South Wolfe str No 28.
Remarks	

RETURN OF A BIRTH.

23761

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	15th of July
4. *Place of Birth (Street and Number)*	Baltimore Leigh St. & 4th
5. *Full Name of Mother*	Katie Kaufman
6. *Mother's Maiden Name*	Katie Sader
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Joseph Kaufman
9. *Father's Occupation*	Confectioner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Joseph Grishaber
Address	Mrs Sabrina Grishaber 125 West St. Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25762

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* July 15
4. *Place of Birth (Street and Number)* Baltimore Clarita Aly 7
5. *Full Name of Mother* Charlet Fowler
6. *Mother's Maiden Name* " "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Dock Dyer
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amuline Wilson

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25763

HEALTH DEPARTMENT JUL 22 1938 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* July 15
4. *Place of Birth (Street and Number)* Baltimore Md Clarits Aly No 5
5. *Full Name of Mother* Mathey Gram
6. *Mother's Maiden Name* " Stevenson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Gram
9. *Father's Occupation* Stuard
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anubius Wilson

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25764

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July ~~22~~ 13 1878
4. Place of Birth (Street and Number)	No 238 Conaway St
5. Full Name of Mother	Catharine Feurst
6. Mother's Maiden Name	Cathrine Fleischmiller
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Geo L Feurst
9. Father's Occupation	Cigar ~~Box~~ Manufacturer
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return	Cathrine Meinzer
Address	No 89 Eddendall St
Remarks	all right

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2,5765

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15 July 1878
4. *Place of Birth (Street and Number)* 44 S. Exeter St.
5. *Full Name of Mother* Anna Bunnecke
6. *Mother's Maiden Name* Cortes
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Bunnecke
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Hilger

Address 151 E Pratt St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25766

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th
4. Place of Birth (Street and Number)	11 Lorman Street
5. Full Name of Mother	Sophronia C Green
6. Mother's Maiden Name	Sophronia C Blackaby
7. Mother's Birthplace	Virginia
8. Full Name of Father	Richard B Green
9. Father's Occupation	painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Dr Fortune Winans
Address	98 Lee Street
Remarks	

RETURN OF A BIRTH.

25767

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex* (state whether Male ~~or Female~~)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* July 15th 1878
4. *Place of Birth* (Street and Number) 182 Chestnut st
5. *Full Name of Mother* Estelle J. McKay
6. *Mother's Maiden Name* " " McNeir
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm D. McKay
9. *Father's Occupation* Telegraph Instrument Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm L. Rand

Address Broadway & Madison st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25768

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. Sex (state whether ~~Male or Female~~) M

2. Race or Color (if not of the white race)

3. Date of Birth July 15th 1878

4. Place of Birth (Street and Number) 348 E. Madison St

5. Full Name of Mother Elizabeth Moffett

6. Mother's Maiden Name " Redding

7. Mother's Birthplace Maryland

8. Full Name of Father Edwin Moffett

9. Father's Occupation Grocery Dealer

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. W. L. Rumm

Address Broadway & Madison St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25769

HEALTH DEPART. JUL 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 16 1878
4. *Place of Birth (Street and Number)* Charlotte St No 10
5. *Full Name of Mother* Mary Eliza Hutchings
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Charles W. Gilmard
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this return Mrs. Wilson 38 Forest St

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25770

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. AUG 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 16, 1878 — 10.10 P.M.

4. Place of Birth (Street and Number) Carrollton Hotel Light St.

5. Full Name of Mother Clara Coleman

6. Mother's Maiden Name Clara Addams

7. Mother's Birthplace Baltimore

8. Full Name of Father Fred.k Wm. Coleman

9. Father's Occupation Printer Carrollton Hotel

10. Father's Birthplace New York City

Name of Medical Attendant, or other Person who makes this Return. H. R. McHenry, M.D.

Address 71 Franklin St.

Remarks This Fourth boy.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25771

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
15
1978
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th July 1878
4. *Place of Birth (Street and Number)* Baltimore Hughes St 1173
5. *Full Name of Mother* Katharine Dickinson
6. *Mother's Maiden Name* Katharine Wheeler
7. *Mother's Birthplace* Queen Ville
8. *Full Name of Father* Henry F. O Dickinson
9. *Father's Occupation* Gentleman
10. *Father's Birthplace* Delmarch County

Name of Medical Attendant, or other Person who makes this Report. Mrs Shaw

Address 1151 Hanover

Remarks No 21 Lexington Street

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23779

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex (state whether Male or Female)* White.
2. *Race or Color (if not of the white race)* Col.
3. *Date of Birth* 16 July 78.
4. *Place of Birth (Street and Number)* 314 Aliceann St.
5. *Full Name of Mother* Margaretta Lange.
6. *Mother's Maiden Name* Hondlap.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Henry Lange
9. *Father's Occupation* Label.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Johann Wehulde

Address 202, Aliceann, St.

Remarks Baltimore Md,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25773

HEALTH DEPARTMENT JUL 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 16 1878.
4. Place of Birth (Street and Number)	N. 3 S. Caroll ton Ave
5. Full Name of Mother	Mary E. Laubheimer.
6. Mother's Maiden Name	Mary E. Luther.
7. Mother's Birthplace	Balt.
8. Full Name of Father	David Laubheimer.
9. Father's Occupation	Merchant Tailor.
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	J. A. Powell M.D.
Address	224 Carrollton Ave
Remarks	Child Healthy

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25711

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. Sex (state whether Male or ~~Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 16 - 1878

4. Place of Birth (Street and Number) No. 476 Chase St East

5. Full Name of Mother Mrs. Ella Collins

6. Mother's Maiden Name Miss Ella Gibbs

7. Mother's Birthplace New Jersey

8. Full Name of Father Mr. Thomas E. Collins

9. Father's Occupation Engineer

10. Father's Birthplace Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Wm H. Cameron M.D.

Address No. 102 North Broadway

Remarks

RETURN OF A BIRTH.

25773

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 16th 1878
4. Place of Birth (Street and Number)	No 1 Bonnet St.
5. Full Name of Mother	Elizabeth Graener
6. Mother's Maiden Name	Elizabeth Desh
7. Mother's Birthplace	Klar Hessen Germany
8. Full Name of Father	Michel Graener
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Wardenburg Ger.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Butler
Address	No 155 E. Monument & Central ave
Remarks	Well.

RETURN OF A BIRTH.

23776

HEALTH DEPARTMENT
JUL 26 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	16th July 1878
4. Place of Birth (Street and Number)	112 Bath St.
5. Full Name of Mother	Maggie Jenkins
6. Mother's Maiden Name	Burke
7. Mother's Birthplace	U. S.
8. Full Name of Father	Charles Jenkins
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carp
Address	52 E Lombard
Remarks	

RETURN OF A BIRTH.

25777

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 16th 1878
4. *Place of Birth (Street and Number)*	#209 E Washington Str.
5. *Full Name of Mother*	E. J. Meyers "
6. *Mother's Maiden Name*	Ella Thomas
7. *Mother's Birthplace*	Balto "
8. *Full Name of Father*	Geo. Meyers
9. *Father's Occupation*	Laborer "
10. *Father's Birthplace*	Balto "
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E. Simms
Address	
Remarks	#209 E Washington Str. F.P.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25778

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3)
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 16 th 1878
4. *Place of Birth (Street and Number)*	No — Hunt ave
5. *Full Name of Mother*	Lizzie Dunn
6. *Mother's Maiden Name*	L. Stewart
7. *Mother's Birthplace*	City of Balto
8. *Full Name of Father*	Jos R. Dunn
9. *Father's Occupation*	Brickmason
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	Geo D Blanchard
Address	Hanover st
Remarks	

RETURN OF A BIRTH. 25779

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Tuesday July 16. 1878
4. *Place of Birth (Street and Number)* 40 Etting St
5. *Full Name of Mother* Catharine Fowler
6. *Mother's Maiden Name* " Leach
7. *Mother's Birthplace* Md
8. *Full Name of Father* Joseph O. Fowler
9. *Father's Occupation*
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Dr Lane Dunphit

Address 129 W Read St.

Remarks a warm night and a big baby

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25780

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 July 1878
4. Place of Birth (Street and Number)	# 60 Bell St
5. Full Name of Mother	Emma Kaufler
6. Mother's Maiden Name	Emma Kochler
7. Mother's Birthplace	Germany
8. Full Name of Father	Alfred Kaufler
9. Father's Occupation	Seaman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louise Krafft
Address	# 258 Aisquith
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25781

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 / 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 17 July
4. Place of Birth (Street and Number) 54 Central Ave
5. Full Name of Mother Mary Clemmens
6. Mother's Maiden Name Rahleder
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis Clemmens
9. Father's Occupation None
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Dixon

Address 1070 Greenley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25782

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) B.

1. *Sex (state whether Male or Female)* White.
2. *Race or Color (if not of the white race)* Boy!
3. *Date of Birth* 17 July 78.
4. *Place of Birth (Street and Number)* 191 Elgot St.
5. *Full Name of Mother* Luise Malende.
6. *Mother's Maiden Name* Boyle.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Malende.
9. *Father's Occupation* Engineer.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this return Johann Schulte

Address 302 Aliceanna St.

Remarks Baltimore, Md,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Return of Births required by the Board of Health of Baltimore.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23783

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 17th 1878
4. Place of Birth (Street and Number)	33 E Eliott St
5. Full Name of Mother	Rossetta Matilda Cunningham
6. Mother's Maiden Name	Turner
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	James Morgan Cunningham
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return.	E Jones Williams M.D.
Address	19 Calvert St Baltimore
Remarks	

RETURN OF A BIRTH.

25784

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 17th 1878
4. Place of Birth (Street and Number)	No 153. Harford av.
5. Full Name of Mother	Elizabeth Zimmerman
6. Mother's Maiden Name	Elizabeth Eilers.
7. Mother's Birthplace	Hanover Ger.
8. Full Name of Father	B. Zimmerman
9. Father's Occupation	Tailor
10. Father's Birthplace	Hanover Ger.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bath.
Address	No 185 N.E. cor. of Monument & Central av.
Remarks	Well.

THE RECORD OF THIS STATISTICS IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23785

HEALTH DEPARTMENT
AUG 3 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 17. th. 1878
4. Place of Birth (Street and Number)	No. 153 Harford av.
5. Full Name of Mother	Elizabeth Zimmerman
6. Mother's Maiden Name	" " Ehrs.
7. Mother's Birthplace	Hanover Ger.
8. Full Name of Father	B. Zimmerman
9. Father's Occupation	Tailor
10. Father's Birthplace	Hanover Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mc. A. Butt
Address	No. 185 S.E. cor. of Monument & Central ave.
Remarks	Well

rect Record of Vital Statistics in the City of Baltimore.

Thet any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25786

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 17 July
4. *Place of Birth (Street and Number)* No 2 Little Gough St
5. *Full Name of Mother* Sally Clemmons
6. *Mother's Maiden Name* Pepperseck
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Clemmons
9. *Father's Occupation* Mare
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simons

Address No 70 Granby St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25787

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~) 7 to

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 17. 1878
4. *Place of Birth (Street and Number)* Bainbridge No 252
5. *Full Name of Mother* Mathilde Roberts
6. *Mother's Maiden Name* Schmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Roberts
9. *Father's Occupation* Seaman
10. *Father's Birthplace* Danzig Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs Johanna Rowpach

Address S. Wolfe St No 28

Remarks Mid Wife

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25788

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP JUL 20 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) White
3. Date of Birth July 17. 1878
4. Place of Birth (Street and Number) Cummings Court
5. Full Name of Mother Mary Landmann
6. Mother's Maiden Name Brandt
7. Mother's Birthplace Staffelsbach Bavern
8. Full Name of Father Friedrich Landmann
9. Father's Occupation Tanner
10. Father's Birthplace Amsterdam Holland

Name of Medical Attendant, or other Person who makes this Return. Mrs. Johanna Rauspach

Address S. Wolfe str No 28

Remarks Mrs. Dr. Wolfe

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25789

HEALTH DEPARTMENT 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 17 1878
4. *Place of Birth (Street and Number)*	956 East Pratt St
5. *Full Name of Mother*	Ella Marsh
6. *Mother's Maiden Name*	Ella Kires
7. *Mother's Birthplace*	Woodstown N. J.
8. *Full Name of Father*	William Henry Marsh
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	J. H. Claypoole M.D.
Address	392 E Pratt St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

EXTRACT from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25790

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 25 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex (state whether Male or Female)*	Mail
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	No 9 Peach alley
4. *Place of Birth (Street and Number)*	Thirsday 17. 1878
5. *Full Name of Mother*	L A Bundt
6. *Mother's Maiden Name*	L A Gravey
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	A. Bundt
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horne
Address	106 West st
Remarks	

25791

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	10 th
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	17. th July 1878
4. Place of Birth (Street and Number)	No 12 Slope st
5. Full Name of Mother	Caroline Curby
6. Mother's Maiden Name	Caroline Conaway
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chrles Curby
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Cattern Horner
Address	106 West st
Remarks	

RETURN OF A BIRTH.

25792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 17/78
4. Place of Birth (Street and Number)	26 East St
5. Full Name of Mother	Martha Harden
6. Mother's Maiden Name	" Jones
7. Mother's Birthplace	Talbot Co Md
8. Full Name of Father	Josiah Harden
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto Co Md
Name of Medical Attendant, or other Person who makes this Return.	Edward D McDevitt
Address	137 N Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25793

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 19th 1878

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 17th 1878.
4. *Place of Birth (Street and Number)* 376 Orleans St.
5. *Full Name of Mother* Maggie Bode.
6. *Mother's Maiden Name* Maggie Severin.
7. *Mother's Birthplace* Germany. " "
8. *Full Name of Father* Christ Bode.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Drs. H. Amend

Address No. 132 Wolfe St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

257914

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W.
3. Date of Birth	July 17th 1878
4. Place of Birth (Street and Number)	5 Aisquith Alley
5. Full Name of Mother	Sarah Boyer
6. Mother's Maiden Name	Lukins
7. Mother's Birthplace	City
8. Full Name of Father	Jeff. Boyer
9. Father's Occupation	Bricklayer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	T. N. Rasmussen
Address	186 Aisquith
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25795

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 17th 1878
4. Place of Birth (Street and Number)	No 109 N Eutaw St
5. Full Name of Mother	Mary A Meeks
6. Mother's Maiden Name	Gorsuch
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Robert Meeks
9. Father's Occupation	Saloonkeeper
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Dr Richardson
Address	87 Mulberry St
Remarks	

RETURN OF A BIRTH.

25796

To the Office of Registrar of Vital Statistics. Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) wht
3. Date of Birth Wednesday July 17-1878
4. Place of Birth (Street and Number) 10 Hanover St Paul sts
5. Full Name of Mother Anna Farnsworth
6. Mother's Maiden Name " Johnson
7. Mother's Birthplace md
8. Full Name of Father Joseph Farnsworth
9. Father's Occupation R R Employe
10. Father's Birthplace

Name of Medical Attendant, or other Person who Makes this Return. A Lane Taneyhill

Address 129 W Biddle st

Remarks a hot night, Chloroformed, a noisy girl

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25797

HEALTH DEPARTMENT JUL 22 1878 IMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth child

1. *Sex (state whether Male or Female)* [illegible]
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* [illegible]
4. *Place of Birth (Street and Number)* [illegible]
5. *Full Name of Mother* [illegible]
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* [illegible]
8. *Full Name of Father* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this return Louisa E. Wiley

Address Patson Park. answer N 2

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

25798

RETURN OF A BIRTH.

JUL 23 1878

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Color "
3. *Date of Birth* 17 of juli
4. *Place of Birth (Street and Number)* Milton Street nomber 17
5. *Full Name of Mother* Alley Sprige
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Colvert county
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Mitty Gross

Address 181 yark Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25799

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 24 1878

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	17 July
4. Place of Birth (Street and Number)	136 Lodenhall St.
5. Full Name of Mother	Lizzie Siebold
6. Mother's Maiden Name	Agar
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Siebold
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	628 South Eutaw St
Remarks	

25800

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUL 24 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	1st July '78
4. Place of Birth (Street and Number)	344 Charles St. (South)
5. Full Name of Mother	Lizzie Burkhardt
6. Mother's Maiden Name	" Blase
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	Konrad Burkhardt
9. Father's Occupation	Liquor Dealer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Karb
Address	329 South Eutaw St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25801

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* July 15 1878
4. *Place of Birth* (Street and Number) 38 Morris Alley
5. *Full Name of Mother* Hannah Frisby
6. *Mother's Maiden Name* Hannah Bowie
7. *Mother's Birthplace* Fredrick County
8. *Full Name of Father* Henry Frisby
9. *Father's Occupation* Labr
10. *Father's Birthplace* Harford County

Name of Medical Attendant, or other Person who makes this return Hester Bowdley Lockers

Address 85 Orchard street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 20 1978 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18 July
4. *Place of Birth (Street and Number)* 92 Central Ave
5. *Full Name of Mother* Lizzie Ethel
6. *Mother's Maiden Name* Kahn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Ethel
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Sophie Simon

Address No 90 Granby St

Remarks

RETURN OF A BIRTH.

25803

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth July 18th 1878
4. Place of Birth (Street and Number) Low 26 27
5. Full Name of Mother Harriet Ann Mason
6. Mother's Maiden Name Harriet Ann Crowley
7. Mother's Birthplace Baltimore
8. Full Name of Father John Walker Mason
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. L. Baldwin

Address 124 n Exeter st

Remarks

RETURN OF A BIRTH.

238014

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 18th 1878
4. Place of Birth (Street and Number)	No 402 Hanover st
5. Full Name of Mother	Ellen Gormley
6. Mother's Maiden Name	Gorins
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Gormley
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	J. Lohmasser midwife
Address	213 Cross st.
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25805

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Cold
3. *Date of Birth* July 18
4. *Place of Birth (Street and Number)* No 12 Rice Street
5. *Full Name of Mother* Jenney Willson
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Middle Sex County Va
8. *Full Name of Father* William Sockley
9. *Father's Occupation* Saild
10. *Father's Birthplace* Vol Falk Va

Name of Medical Attendant, or other Person who makes this Return. Sallah Ann Hebrew

Address No 12 Rice Street

Remarks. Undertaker James Bruckton

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25506

HEALTH DEPARTMENT JUL 31 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 18ten Juli
4. *Place of Birth (Street and Number)* No 230 Bethel Alle
5. *Full Name of Mother* Kath Hoffe
6. *Mother's Maiden Name* Kath Kaminiekki
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Charles Hoffe
9. *Father's Occupation* Handarbeiter
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this return Friederike Kaufmann

Address No 204 S. Dallas Str

Remarks Hemme

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

23807

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 a.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 14 1878
4. Place of Birth (Street and Number) 97 Leadenhall St.
5. Full Name of Mother Mile Briele
6. Mother's Maiden Name " " Keron
7. Mother's Birthplace Baltimore
8. Full Name of Father Heinrich Briele
9. Father's Occupation Goldsmith
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Katherine Munch
Address 98 Leadenhall St
Remarks

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23803

HEALTH DEPARTMENT
AUG 5 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Wht
3. *Date of Birth*	18th July
4. *Place of Birth (Street and Number)*	Dover Sts No 3.
5. *Full Name of Mother*	Anna Elisa Rüb geborn Schaal
6. *Mother's Maiden Name*	" " Schaal
7. *Mother's Birthplace*	Germania
8. *Full Name of Father*	Jacob Rüb
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germanien
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dimler
Address	60 Shroter
Remarks	

Physicians of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23809

HEALTH DEPT. JUL 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 18th 1878
4. *Place of Birth (Street and Number)* 53 Elizabeth Lane
5. *Full Name of Mother* Sylvia A. Balla
6. *Mother's Maiden Name* Sylvia A. Magarity
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Chas. F. Balla
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theodore Kortz M.D.

Address

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25810

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th July 1878.
4. Place of Birth (Street and Number)	No 18 Penn St.
5. Full Name of Mother	Catherine Rhein
6. Mother's Maiden Name	" " Weyand
7. Mother's Birthplace	Atlantic Ocean.
8. Full Name of Father	John Rhein
9. Father's Occupation	Carriage Manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Madam Schlenper. 93 Howard.
Address	
Remarks	

Blanks furnished by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

25811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 18
4. Place of Birth (Street and Number)	No 5 Matt St
5. Full Name of Mother	Rachel Williams
6. Mother's Maiden Name	Williams
7. Mother's Birthplace	Balto County
8. Full Name of Father	Abraham Williams
9. Father's Occupation	Car Man
10. Father's Birthplace	Balto County
Name of Medical Attendant, or other Person who makes this Return	Ursula J Grimmer
Address	No 7 Forrest Place
Remarks	

That the Return of this Birth to the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

23812

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 18
4. Place of Birth (Street and Number)	87 Chestnut St
5. Full Name of Mother	Julia O Conner
6. Mother's Maiden Name	Buckley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick O Conner
9. Father's Occupation	Laboner
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Mc J O'Connor
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

25813

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JAN 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 1/1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 July
4. Place of Birth (Street and Number)	22 Eager St
5. Full Name of Mother	Mary Hagan
6. Mother's Maiden Name	Mulligan
7. Mother's Birthplace	Ireland
8. Full Name of Father	Peter Hagan
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jessie D Chrisman
Address	No 7 Forrest Place
Remarks	

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

2 5 8 1 1

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 18th 1878
4. *Place of Birth (Street and Number)*	No 75 N. Wolf St
5. *Full Name of Mother*	Mary A. Passquea
6. *Mother's Maiden Name*	Mary A. Poulsen
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Lewis E. Passquea
9. *Father's Occupation*	Coppier
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 N Donogh st
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25813

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPART. JUL 22 1878 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Thursday July 18. 1878
4. *Place of Birth (Street and Number)* 268 Park ave
5. *Full Name of Mother* Emma Clendenin
6. *Mother's Maiden Name* " Chipman
7. *Mother's Birthplace* md
8. *Full Name of Father* Arthur S. Clendenin
9. *Father's Occupation* Miller
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Dr Jane Donnehill

Address 129 West Biddle st.

Remarks a sweltering night: instrumente: a bright bouncing boy.

That the Return of a Birth to the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25816

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* mall Child
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* July the 18th 18 78
4. *Place of Birth (Street and Number)* no 1 Shandor St Baltimore md
5. *Full Name of Mother* Saraner Medley
6. *Mother's Maiden Name* Saraner Lousdale
7. *Mother's Birthplace* St mary County md
8. *Full Name of Father* John H Medley
9. *Father's Occupation* Shumaker
10. *Father's Birthplace* prince gorge County md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Regester Baltimore md

Remarks

Physicians, Midwives, and others are required by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23817

HEALTH DEPARTMENT JUL 29 18 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 18th 1878
4. *Place of Birth (Street and Number)*	No 21 Sutterson Avenue
5. *Full Name of Mother*	Elizabeth Bowers
6. *Mother's Maiden Name*	Elizabeth Mayer
7. *Mother's Birthplace*	Germantown
8. *Full Name of Father*	John Bowers
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Elizabeth Schmidt
Address	
Remarks	No 476 Lima Avenue

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Issued by Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25818

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 8th

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth July 18th 1878
4. Place of Birth (Street and Number) 91 Mulliken Pl
5. Full Name of Mother Elenora Frederick
6. Mother's Maiden Name " Brooks
7. Mother's Birthplace Halifax
8. Full Name of Father Alexander Frederick
9. Father's Occupation Shoemaker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. L. Rasin

Address Broadway & Madison Ave

Remarks

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25819

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 18th 1878
4. Place of Birth (Street and Number)	No 185 West st
5. Full Name of Mother	Louise Etter
6. Mother's Maiden Name	Baty
7. Mother's Birthplace	America
8. Full Name of Father	Cristian Etter
9. Father's Occupation	Butcher
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return	J. Schnepfer midwife
Address	213 Cross st.
Remarks	

That the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25820

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18 July 1878
4. *Place of Birth (Street and Number)* 60 Conway st
5. *Full Name of Mother* Elizabeth Simms
6. *Mother's Maiden Name* " Mills
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Simms
9. *Father's Occupation* Grocer Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 32 S Entaw st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25821

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 18th 1878
4. Place of Birth (Street and Number)	35 Camden St.
5. Full Name of Mother	Susan B. Thurston
6. Mother's Maiden Name	
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wm C. Mowing
9. Father's Occupation	Comn Merchant
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover Barn 36
Remarks	

Abstract of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19 1878
4. Place of Birth (Street and Number)	308 Gross Street
5. Full Name of Mother	Dora Hammer
6. Mother's Maiden Name	" Dietz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Hammer
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Bathsina Münch
Address	98 Eadenhall Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25823

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard Child
3. *Date of Birth* ~~No 235~~ Cross St on the 19 of July
4. *Place of Birth (Street and Number)* ~~Goodmans Aly~~ Cross St No 235
5. *Full Name of Mother* Gattie Jones
6. *Mother's Maiden Name* Gattie Pullett
7. *Mother's Birthplace* Sumerset County M D
8. *Full Name of Father* James Pullett
9. *Father's Occupation* Stevadoor
10. *Father's Birthplace* Sumerset County M D

Name of Medical Attendant, or other Person who makes this Return. Susan Butler

Address No 86 Goodman Aly

Remarks

Form of Return of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25824

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 July
4. Place of Birth (Street and Number)	No 181 South Chester st
5. Full Name of Mother	Mary Elizabeth Tolly
6. Mother's Maiden Nome	Mary Elizabeth Lambdin
7. Mother's Birthplace	Baltimore City
8. Full Nome of Father	John Benjamin Tolly
9 Father's Occupation	Tinner
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Lambdin
Address	201 South Chester st
Remarks	

HEALTH DEPT. AUG 7 1873 BALTIMORE

Requirements of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25825

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 9th 1878
4. *Place of Birth (Street and Number)* 56 Vine street
5. *Full Name of Mother* Mary Ann Wilson
6. *Mother's Maiden Name* Mary Ann Parran
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* William Wilson
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Prince George County

Name of Medical Attendant, or other Person who makes this return Hester Bordly Douchess
Address 85 orchard street
Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reel Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25826

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 19th 78
4. Place of Birth (Street and Number)	295 Hanover Street
5. Full Name of Mother	Matilde Beckhover
6. Mother's Maiden Name	Bender
7. Mother's Birthplace	Balt. city
8. Full Name of Father	Gustav Adolf Beckhover
9. Father's Occupation	laundry furniture
10. Father's Birthplace	Germany Balto city
Name of Medical Attendant, or other Person who makes this Return.	H. Albers M.D.
Address	95 S Sharp St.
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25827

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19 1878
4. Place of Birth (Street and Number)	20 Bolton Alley
5. Full Name of Mother	Maria Stevens
6. Mother's Maiden Name	" Moran
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Stevens
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Theresa Eigeldinger
Address	14 Union St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19 1878
4. *Place of Birth (Street and Number)* 720 Light St.
5. *Full Name of Mother* Mach Dorine Deemmetz
6. *Mother's Maiden Name* Brin Brikus
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Deemmetz
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Kathrina Münch
Address 98 Leadenhall St.
Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25829

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE JUL 25 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 19 July 1878
4. Place of Birth (Street and Number) 173 Jefferson bet Aisquith & Broadway
5. Full Name of Mother Kate ~~Schmitt~~ Beck
6. Mother's Maiden Name Kate Schmitt
7. Mother's Birthplace Schwabhausen Baden
8. Full Name of Father Thomas Jefferson Beck
9. Father's Occupation Brewer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mrs. Ellen Stubbs
Address No. 42 N. Eden St
Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25830

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19th 1878
4. *Place of Birth (Street and Number)* N° 124 Druid Hill ave
5. *Full Name of Mother* Mary E. McKenna
6. *Mother's Maiden Name* Mary E. Kerwin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas McKenna
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Co. Monaghan Ireland

Name of Medical Attendant, or other Person who makes this Return. J. Whatan Smith M.D.

Address N° 114 Park ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25831
25822

HEALTH DEPARTMENT
JUL 26 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male & Female (Twins)
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19th 1878
4. *Place of Birth (Street and Number)* #186 S. Chapel Alley
5. *Full Name of Mother* Kate V. Eby
6. *Mother's Maiden Name* Kate Volkandt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Mary L. Simms

Address #203 S. Washington Alley

Remarks "P"

Proof Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25833

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) Colord

3. Date of Birth July th 17

4. Place of Birth (Street and Number)

5. Full Name of Mother Isabella harris

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father James H harris

9. Father's Occupation Hair Carra

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Lely Emrick

Address No 13 Jordon St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23831

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 17th
4. *Place of Birth (Street and Number)* 362 Lanvale Ave
5. *Full Name of Mother* Gusta Wills
6. *Mother's Maiden Name* " " Graemyer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Julius Wills
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Getzke

Address

Remarks 855 S Bond st

Form Returned to Office of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25835

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) b child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 19 1878
4. *Place of Birth (Street and Number)* 194 west st
5. *Full Name of Mother* sarh Jane clark
6. *Mother's Maiden Name* sarh Jane ringrose
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* James clark
9. *Father's Occupation* huckster
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel ann garett

Address 432 aliceanna st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Penalty for neglect of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25836

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. JUL 23 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 19th 1878
4. Place of Birth (Street and Number)	2 Little Church st
5. Full Name of Mother	Mary Norton
6. Mother's Maiden Name	Mary Murphy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Nolan
9. Father's Occupation	Grocer Keeper
10. Father's Birthplace	~~Boston~~ Balto
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25837

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* 19 of July
4. *Place of Birth (Street and Number)* peach Alley nomber 5
5. *Full Name of Mother* Rilly Morgin
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto city
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Milly Gross

Address 181 yarks sheet

Remarks

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25838

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
Sex (state whether Male or Female)	Female
Race or Color (if not of the white race)	Color
Date of Birth	19th of July
Place of Birth (Street and Number)	No 5 Little nine street
Full Name of Mother	Mrs Mary Eliza Payne
Mother's Maiden Name	Mrs Caroline Jones
Mother's Birthplace	Baltimore Md
Full Name of Father	Wm H Payne
Father's Occupation	Waiting
Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	Caroline Jones
Address	
Remarks	Every thing correct with Mother and Baby

RETURN OF A BIRTH.

25839

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19 = 1878.
4. *Place of Birth (Street and Number)* 98 Chew Str
5. *Full Name of Mother* B. Piller
6. *Mother's Maiden Name* B Sadler
7. *Mother's Birthplace* York
8. *Full Name of Father* John Piller
9. *Father's Occupation* Printer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 east Monument Str

Remarks

Section 3, Ordinance 2, Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25840

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 19th 1878
4. *Place of Birth (Street and Number)* 267 n Eden Str.
5. *Full Name of Mother* Kate Senft.
6. *Mother's Maiden Name* K. Hank
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Conrad Senft
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 east Monument Str.

Remarks

Physicians, Midwives, and others in charge of cases, are required by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25841

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 19 July '78
4. Place of Birth (Street and Number) 330 Hamilton St.
5. Full Name of Mother Anna Pfaff
6. Mother's Maiden Name " Kalvelage
7. Mother's Birthplace Baltimore
8. Full Name of Father Chas Pfaff
9. Father's Occupation Constable
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Mary Koch
Address 328 South Eutaw St.
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Required by Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

25842

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Mothers first Child
1. Sex (state whether Male or Female)	W. A. Male Child
2. Race or Color (if not of the white race)	White Race
3. Date of Birth	Born on the 19 July 1878
4. Place of Birth (Street and Number)	551 Harford Av
5. Full Name of Mother	Mrs Eva Katy ~~Gebhard~~ Sigl.
6. Mother's Maiden Name	" " Gebhard.
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Andrew Sigl
9. Father's Occupation	A Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sarah Worden
Address	330 Asquith St Baltimore Md
Remarks	Healthy.

Duty of Physicians, Midwives, and Others to Report Births to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25814.3

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20 1878
4. Place of Birth (Street and Number)	180 Loudon St.
5. Full Name of Mother	Sussanna Maiker
6. Mother's Maiden Name	" " Essenbacker
7. Mother's Birthplace	
8. Full Name of Father	Benjamin Maiker
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Katharina Münch
Address	93 Leadenhall St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2,58114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20. th. 1878
4. Place of Birth (Street and Number)	No 13. th. Little Mc. Feldery St.
5. Full Name of Mother	Lizie Rudolph
6. Mother's Maiden Name	Lizie Foreman
7. Mother's Birthplace	Hessen Ger.
8. Full Name of Father	Henry Rudolph.
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Hessen Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt
Address	No 185. N.E. cor. Monument & Centred av.
Remarks	Well.

RETURN OF A BIRTH.

25815

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPART'T CITY
AUG 5 1878
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 20th 1878
4. *Place of Birth (Street and Number)* 56 Orleans Str
5. *Full Name of Mother* Josephine Degele
6. *Mother's Maiden Name* Feigmann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Degele
9. *Father's Occupation* Liquor dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address 182 e. Monument Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalties in the City of Baltimore.

25846

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 of July
4. *Place of Birth (Street and Number)* Baltimore Street 953 West Balto
5. *Full Name of Mother* Mariana Rummel
6. *Mother's Maiden Name* Mariana Drebert
7. *Mother's Birthplace* Germania Hessian
8. *Full Name of Father* August Rummel
9. *Father's Occupation* Shoemaker 953 Baltimore St
10. *Father's Birthplace* Germania Hessian

Name of Medical Attendant, or other Person who makes this Return. Mess Sumler & Schuler

Address North [redacted] St

Remarks A number One.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23847

HEALTH DEPARTMENT JUL 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 20th July 1878
4. *Place of Birth (Street and Number)* 88 High St.
5. *Full Name of Mother* Wilhelmina Meyer
6. *Mother's Maiden Name* " Stalfort
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Otto Meyer
9. *Father's Occupation* watch-maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sarah Colpoys

Address 53 E. Lombard

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...the City of Baltimore.

RETURN OF A BIRTH.

25811-8

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 26
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 20th 1878.
4. *Place of Birth (Street and Number)*	Baltimore. No 25 Terry Court
5. *Full Name of Mother*	Maria Angelina Barsotti
6. *Mother's Maiden Name*	Turchi
7. *Mother's Birthplace*	Toscani Italy.
8. *Full Name of Father*	Jacob Barsotti
9. *Father's Occupation*	Fruit Hawk
10. *Father's Birthplace*	Toscani Italy.
Name of Medical Attendant, or other Person who makes this return	Lambsen Bros & Osborn
Address	
Remarks	N 226 N Londonby St

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect to make Returns in the City of Baltimore.

RETURN OF A BIRTH.

25849

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the 4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July the 20 1878
4. Place of Birth (Street and Number)	No 197 Washington St
5. Full Name of Mother	Rose Bradley
6. Mother's Maiden Name	Rose Gallagher
7. Mother's Birthplace	Ireland
8. Full Name of Father	Edward Bradley
9 Father's Occupation	fireman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ann E Bell
Address	No 171 South Eutaw St
Remarks	

23830

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 a.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 20 1878
4. *Place of Birth (Street and Number)* 299 Gross St
5. *Full Name of Mother* Eliza Vogel
6. *Mother's Maiden Name* " " Strauss
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Vogel
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Kathrina Meinert

Address 95 Leadenhall St.

Remarks

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2585

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20th 1878
4. Place of Birth (Street and Number)	corner Henrietta & Leadenhall 8
5. Full Name of Mother	Cristina Strow
6. Mother's Maiden Name	" " Onkel
7. Mother's Birthplace	Germany
8. Full Name of Father	Daniel Strow
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Katharina Münnke
Address	98 Leadenhall St.
Remarks	

RETURN OF A BIRTH.

25852

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 20th 1878
4. *Place of Birth (Street and Number)*	194 Columbia Ave
5. *Full Name of Mother*	Eizzie Jamison
6. *Mother's Maiden Name*	" Sharpe
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	Thos Jamison
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	City
Name of Medical Attendant, or other Person who makes this Return.	Jno D Blake M.D
Address	120 Scott St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25853

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 20th 1878
4. Place of Birth (Street and Number)	No 47 N Castle St
5. Full Name of Mother	Sophia Simpson
6. Mother's Maiden Name	Sophia Myers.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Benjamin W. Simpson
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	186 McDonough st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25854

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20th
4. Place of Birth (Street and Number)	No 41 Keyworth st
5. Full Name of Mother	Mary McCann
6. Mother's Maiden Name	Mary Kilcasson
7. Mother's Birthplace	Ireland
8. Full Name of Father	James McCann
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Thos Mary Garrigan
Address	No 112 Scott st
Remarks	Alive

RETURN OF A BIRTH.

25855

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 2 1878
4. Place of Birth (Street and Number)	# 46 Burke Str
5. Full Name of Mother	Olivia Staude
6. Mother's Maiden Name	Olivia Haitle
7. Mother's Birthplace	Germany
8. Full Name of Father	Julius Staude
9. Father's Occupation	Sickamuts
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis A Kraft
Address	# 238 Caroline Str
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, (if) or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25836.

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 22nd 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 20th 1878.
4. *Place of Birth (Street and Number)* 268 Gough St.
5. *Full Name of Mother* Lizzie Klehm
6. *Mother's Maiden Name* Lizzie Shultz.
7. *Mother's Birthplace* America
8. *Full Name of Father* John Klehm.
9. *Father's Occupation* Painter.
10. *Father's Birthplace* America.

Name of Medical Attendant, or other Person who makes this Report. Mrs. A. Amend

Address No. 137 Wolfe St.

Remarks

RETURN OF A BIRTH.

25857

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Five
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20th
4. Place of Birth (Street and Number)	148 South Bond St
5. Full Name of Mother	Mrs R M Reid
6. Mother's Maiden Name	Henrietta C Wingfield
7. Mother's Birthplace	Fredericksburg Va.
8. Full Name of Father	Robert Morgan Reid
9. Father's Occupation	Theatrical Business Manager
10. Father's Birthplace	Glasgow, Scotland
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Mary Guy
Remarks	113 North Eden St

RETURN OF A BIRTH.

25533

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within [illegible] of the parent [illegible] name of the child or child[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	20 July
4. Place of Birth (Street and Number)	# 6 South Paca St.
5. Full Name of Mother	Mary Schlemann
6. Mother's Maiden Name	" Middlecamp
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ernst Schlemann
9. Father's Occupation	Varnisher
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Henry Roth
Address	82 S South Entaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25859

HEALTH DEPARTMENT BALTIMORE JUL 29 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 20 1878
4. *Place of Birth (Street and Number)* Eastern Ave 375
5. *Full Name of Mother* Diana Barnhard
6. *Mother's Maiden Name* Abl Hiser
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Barnhard
9. *Father's Occupation* Ship Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Kiag

Address 193 W Chester St

Remarks Healthy

RETURN OF A BIRTH.

25860

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* of Color
3. *Date of Birth* July the 20th
4. *Place of Birth (Street and Number)* Raburg St 151 Baltimore Md
5. *Full Name of Mother* Lizzie A Chandler
6. *Mother's Maiden Name* Lizzie A Bailey
7. *Mother's Birthplace* Accomack County Virginia
8. *Full Name of Father* Japheth Chandler
9. *Father's Occupation* house Carpenter
10. *Father's Birthplace* Accomack County Virginia

Name of Medical Attendant, or other Person who makes this Return. Lucy upshur

Address No 150 Eutaw St Balto Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25861

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~the~~ 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 20 1878
4. *Place of Birth (Street and Number)* 31 Orchard Street
5. *Full Name of Mother* Mary Smith
6. *Mother's Maiden Name* Mary Taylor
7. *Mother's Birthplace* Anne Arundel County
8. *Full Name of Father* William Smith
9. *Father's Occupation* Sawyer
10. *Father's Birthplace* Anne Arundel County

Name of Medical Attendant, or other Person who makes this return Hester Bordley Dr.

Address 25 Richard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25862

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 20th 1878
4. Place of Birth (Street and Number)	No 238 Conway Street
5. Full Name of Mother	Cathrine Feurst
6. Mother's Maiden Name	Do Do Heimiller
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Geo L Feurst
9. Father's Occupation	Liquor Boyle Manufacturer
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mr Minch
Address	
Remarks	All Right

RETURN OF A BIRTH.

25863

HEALTH DEPARTMENT AUG 1 1870 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	29th of July
4. Place of Birth (Street and Number)	Whatcoat St no number.
5. Full Name of Mother	Sarah Catharine Slee.
6. Mother's Maiden Name	" Edwards
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Peter Slee
9. Father's Occupation	Car driver.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby.
Address	369 Cathedral St.
Remarks	

RETURN OF A BIRTH.

258611

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 July
4. Place of Birth (Street and Number)	201 south Chester st
5. Full Name of Mother	Mary Elizabeth Lambdin
6. Mother's Maiden Name	Mary Elizabeth Fredrick
7. Mother's Birthplace	Baltimore City
8. Full Nome of Father	Henry Frances Lambdin
9 Father's Occupation	Processor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Lambdin
Address	201 South Chester st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Ordinance of the City of Baltimore.

RETURN OF A BIRTH.

23865

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21st 1878
4. Place of Birth (Street and Number)	74 Division St.
5. Full Name of Mother	Theresia Gabler
6. Mother's Maiden Name	" " Zeitler
7. Mother's Birthplace	Germany
8. Full Name of Father	George Gabler
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theresia Eigelsinger
Address	14 Union St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25866

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 6 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 12th

1. *Sex (state whether Male or Female)* Male Healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 21st of July 1848
4. *Place of Birth (Street and Number)* 4 Dover St
5. *Full Name of Mother* Mrs F Kool
6. *Mother's Maiden Name* Shilling
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mr. Kool
9. *Father's Occupation* Laberer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Lillie

Address 57 Smallwood St.

Remarks

RETURN OF A BIRTH.

25867

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

Name of Child: Frank Wich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21 d. (1874) 1878
4. Place of Birth (Street and Number)	194 Milton street
5. Full Name of Mother	Katrine Wich
6. Mother's Maiden Name	K. Kaufman
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Herman Wich
9. Father's Occupation	Barkeeper
10. Father's Birthplace	Baltimor
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 n. Bondstreet
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25868

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 " "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	21 July 1878
4. Place of Birth (Street and Number)	127 Bond St.
5. Full Name of Mother	Lizzie Linsley
6. Mother's Maiden Name	" Hardbeck
7. Mother's Birthplace	U.S.
8. Full Name of Father	John H. Linsley
9. Father's Occupation	Sergt. Police
10. Father's Birthplace	U.S.
Name of Medical Attendant, or other Person who makes this Return	Sarah Cooper
Address	52 E. Eutaw
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23869

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) ...

1. *Sex (state whether Male or Female)* ... female
2. *Race or Color (if not of the white race)* ... Africe Race Colard
3. *Date of Birth* ... July 21 ... 1878
4. *Place of Birth (Street and Number)* ... Balto City, Lydon St 132
5. *Full Name of Mother* ... Mary Collen Cannon
6. *Mother's Maiden Name* ... Mary Ellen Pratts
7. *Mother's Birthplace* ... Talbert County County Md
8. *Full Name of Father* ... Isaac henory Cannon
9. *Father's Occupation* ... Drayman.
10. *Father's Birthplace* ... Fredericksburg Caroline Co Md

Name of Medical Attendant, or other Person who makes this Return. ... Mrs Mary Chew

Address ... 49 Lydon St

Remarks. Miss Chew is Person that under stands the Business of Dr, I Can Bare her Recommendtion When Ever Call on for

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

The Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

25870

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 July
4. Place of Birth (Street and Number)	15 Madison St
5. Full Name of Mother	Elisabeth Hewitt
6. Mother's Maiden Name	Mc Mahon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Hewitt
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrisner
Address	No 7 Forrest Place
Remarks	

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23771

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. st,
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White race,
3. *Date of Birth*	21 of July
4. *Place of Birth (Street and Number)*	Battery Avenue # 254
5. *Full Name of Mother*	~~Ist~~ Lawless Rose
6. *Mother's Maiden Name*	Lawless Rose
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James J. Rose
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Joseph Grisharber
Address	Miss Sabina Grisharber # 128 West St. Balto.
Remarks	

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, if so their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

required to serve a full and cor-

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25872

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4 the
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21. 1878
4. Place of Birth (Street and Number)	Elizebeth Lain 29
5. Full Name of Mother	Cristeana Hoffe
6. Mother's Maiden Name	Cristeana Anderson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Anderson
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherin Horner
Address	106 West st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25873

HEALTH DEPARTMENT JUL 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 the 3 Child of the Mother
1. *Sex (state whether Male or Female)*	Female Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sunday 21st July 78
4. *Place of Birth (Street and Number)*	No 1 Hanover St
5. *Full Name of Mother*	Mary Ann Holtzman
6. *Mother's Maiden Name*	" " Dunigan
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Frank Holtzman
9. *Father's Occupation*	Breakman on R R
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Johanna Devlin
Address	65 Patterson Pl St Baltimore Md
Remarks	Please let me know if this is filled Right

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25874

HEALTH DEPARTMENT JUL 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White.

3. Date of Birth July. 21st 1878.

4. Place of Birth (Street and Number) 140 Pearl Street

5. Full Name of Mother Elleanna Brining Van Idenstine

6. Mother's Maiden Name Elleanor Brining

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Robt. Van Idenstine

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. A. J. Bell M.D

Address 286 Madison Ave

Remarks

RETURN OF A BIRTH.

25875

HEALTH DEPARTMENT JUL 30 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

It is the duty of physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 21 Day July 1876

4. Place of Birth (Street and Number) Baltimore No 8 Vincent alley

5. Full Name of Mother Mary Gillin

6. Mother's Maiden Name Mary Cannan

7. Mother's Birthplace Ireland

8. Full Name of Father Thomas Gillin

9. Father's Occupation Produce Dealer

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Seabuch

Address

Remarks

RETURN OF A BIRTH.

25876 139

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21st 1878
4. Place of Birth (Street and Number)	No 219 Hanover St
5. Full Name of Mother	Lizzie Rhinehart
6. Mother's Maiden Name	Lizzie Forwell
7. Mother's Birthplace	Md
8. Full Name of Father	Augustus Rhinehart
9. Father's Occupation	Police Officer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. B. Noble
Address	17 Hanover
Remarks	

Returns of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25877

HEALTH DEPT. JUL 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 21st 1878
4. *Place of Birth (Street and Number)* No 142 N. Exeter St.
5. *Full Name of Mother* Emma Louisa McLaughlin
6. *Mother's Maiden Name* Emma Louisa Miles
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Patrick McLaughlin
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winnebergen

Address 23 N. Liberty St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The attending physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG 21 1878 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex (state whether Male or Female)* M
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July —
4. *Place of Birth (Street and Number)* Harlem Av. Corner of Caroll
5. *Full Name of Mother* Carcassés
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Cuba
8. *Full Name of Father* A. J. Carcassés
9. *Father's Occupation* Professor of Languages
10. *Father's Birthplace* Cuba

Name of Medical Attendant, or other Person who makes this Return. Richard McSherry M.D.

Address 187 N Howard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25879

HEALTH DEPARTMENT
AUG 12 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21st 1878
4. Place of Birth (Street and Number)	71 N. Caroline St.
5. Full Name of Mother	Mary Virginia Cassiday
6. Mother's Maiden Name	" " Bowen
7. Mother's Birthplace	Balto. Co. Md.
8. Full Name of Father	William Cassiday
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	G. N. Grayson M. D.
Address	18 Asquith St.
Remarks	

RETURN OF A BIRTH.

25880

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
12
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	july 21 St
4. *Place of Birth (Street and Number)*	142 york St
5. *Full Name of Mother*	Lorra Smith
6. *Mother's Maiden Name*	Lorra brown
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	ambrose Smith
9. *Father's Occupation*	labour
10. *Father's Birthplace*	acamack county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Parker
Address	no 4 palys court
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ician or midwife in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25881

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth 1st July 1878

4. Place of Birth (Street and Number) 128 Hillen st

5. Full Name of Mother Lizzie Holmes

6. Mother's Maiden Name Lizzie Jones

7. Mother's Birthplace Baltimore

8. Full Name of Father Wm Wallace Jones

9. Father's Occupation Laborer

10. Father's Birthplace Maine

Name of Medical Attendant, or other Person who makes this return Geo Sidney M.D.

Address 1st

Remarks Post office address

This is to be filled up by the physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their plysical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 25882

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) colored
3. Date of Birth 21 July
4. Place of Birth (Street and Number) 9th Eastern Lane
5. Full Name of Mother Mary E Stafford
6. Mother's Maiden Name
7. Mother's Birthplace Frederick Co Md
8. Full Name of Father James H Stafford
9. Father's Occupation Labor
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this return
Address Same Dwelling
Remarks Not Vaccinated

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

It shall be the duty of every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25883

HEALTH DEPT. SEP 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 6/11

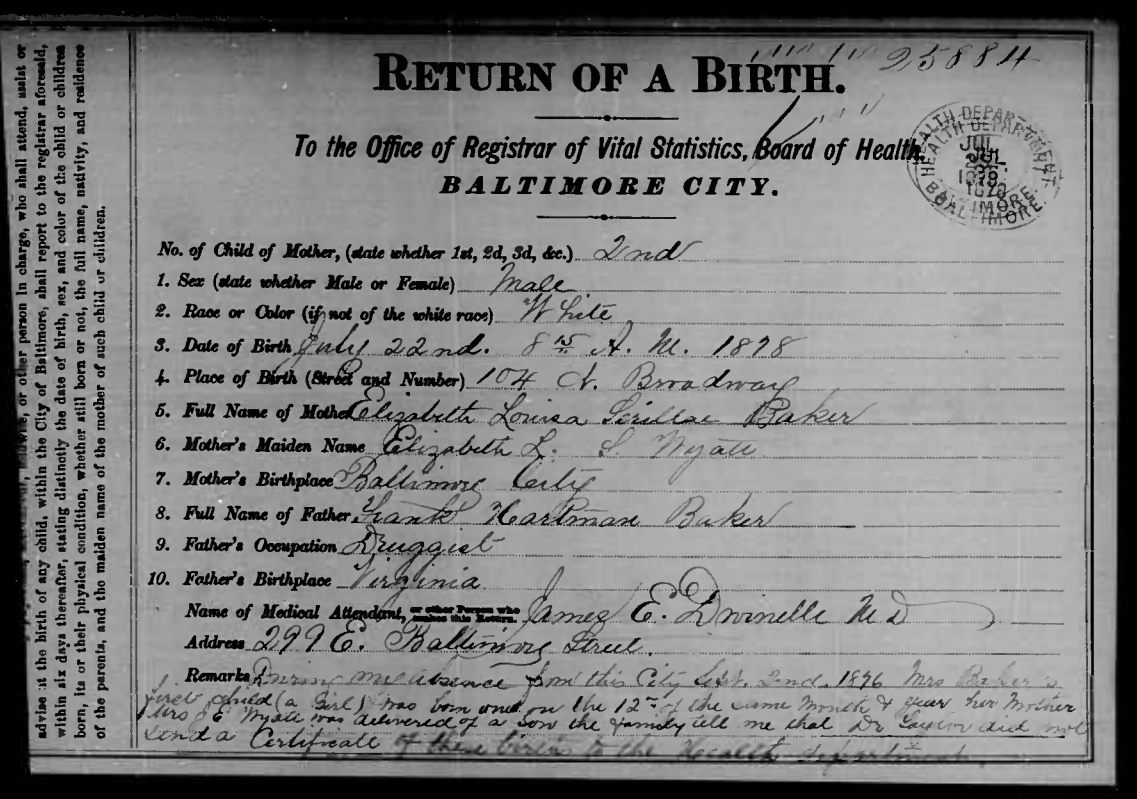
No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (~~state whether Male or Female~~)*
2. *Race or Color (~~if not of the white race~~)* White
3. *Date of Birth* July 21st 1878
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother* Mary Virginia Cassidy
6. *Mother's Maiden Name* A. J. Bowen
7. *Mother's Birthplace* Baltimore Co Md
8. *Full Name of Father* William Cassidy
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Watson

Address 18 Aisquith St

Remarks



RETURN OF A BIRTH.

No. 258814

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MD. JUL 31 1878 1878 BALTIMORE MD. HEALTH DEPARTMENT

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 22nd. 8½ A. M. 1878
4. *Place of Birth (Street and Number)* 107 N. Broadway
5. *Full Name of Mother* Elizabeth Louisa Priscilla Baker
6. *Mother's Maiden Name* Elizabeth L. L. Wyatt
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Frank Hartman Baker
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M.D.
Address 299 E. Baltimore Street.
Remarks Previous residence from this City Oct. 2nd 1876 Mrs Baker's first child (a Girl) was born and on the 12th of the same Month & year her Mother & Child (a Male) was delivered of a Son the family tell me that Dr Taylor did not send a Certificate of these births to the Health Department

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25885

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Primipara
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25th 78.
4. Place of Birth (Street and Number)	44 N. Gilmor
5. Full Name of Mother	Mary E Smith
6. Mother's Maiden Name	Mary E Elderkin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Smith
9. Father's Occupation	Salesman.
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	A H Carter M D
Address	5 & 3 Lexington
Remarks	Instrumental delivery)

The Physician, Accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25816

HEALTH DEPT. JUL 26 1878 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 22d 78
4. *Place of Birth (Street and Number)* No 3 South Schroeder
5. *Full Name of Mother* Sarah L. Huffington
6. *Mother's Maiden Name* " Emich
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wm C. Huffington
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. H. N. Schultz

Address 7 11 S. Arlington Ave

Remarks

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advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25887

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 22nd 1878

4. Place of Birth (Street and Number) # 29 Fountain Str.

5. Full Name of Mother Jno. H. Krüger

6. Mother's Maiden Name Jno. Herlein

7. Mother's Birthplace Germany

8. Full Name of Father Carl Krüger

9. Father's Occupation Labor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Mrs Mary A. Simms

Address

Remarks #203 E Washington Str.

FP

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25888

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth July the 22 1878

4. Place of Birth (Street and Number) Williamson St near Charles st

5. Full Name of Mother Frances P Robson

6. Mother's Maiden Name Frances P Mcelroy

7. Mother's Birthplace Baltimore

8. Full Name of Father Washington Robson

9. Father's Occupation Brick Maker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm E Bull

Address No 171 South Eliaster st

Remarks

Physicians, Accoucheurs, midwives, or other persons in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25889

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth July the. 22. 1878.
4. Place of Birth (Street and Number) N. Dallas St. No 47
5. Full Name of Mother Katharina Lange
6. Mother's Maiden Name Katharina Lehmann
7. Mother's Birthplace Baltimore City
8. Full Name of Father Christian G. Lange
9. Father's Occupation Cabinet maker
10. Father's Birthplace Bohlen, Fürst Schwarzburg Rudolstadt. Germany

Name of Medical Attendant, or other Person who makes this Return Harry E. Müller

Address N. Dallas St. No 26.

Remarks

and advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25890

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. Sex (state whether Male or ~~Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth July the 22 1878
4. Place of Birth (Street and Number) S. Bond St. No 211
5. Full Name of Mother Wilhelmine Wolf
6. Mother's Maiden Name Wilhelmine Schapper
7. Mother's Birthplace Baltimore City
8. Full Name of Father Conrad H. Wolf.
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller
Address N. Dallas St. No 26.
Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	of the white race
3. Date of Birth	July 22nd
4. Place of Birth (Street and Number)	1528 S. Dallas st
5. Full Name of Mother	Harriet Martindale
6. Mother's Maiden Name	
7. Mother's Birthplace	Cecil County Md
8. Full Name of Father	Francis Martindale
9. Father's Occupation	Laborer
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Sexton
Address	
Remarks	

The any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25892

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 22 nd 1878
4. Place of Birth (Street and Number)	No 205 Eutaw st
5. Full Name of Mother	Mathilda Flügel
6. Mother's Maiden Name	Schroeder
7. Mother's Birthplace	Germaney
8. Full Name of Father	Frank J. Flügel
9. Father's Occupation	Clerk
10. Father's Birthplace	Germaney
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Dross st.
Remarks	

RETURN OF A BIRTH.

25893

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* M Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22 July
4. *Place of Birth (Street and Number)* 396 Hamburg st
5. *Full Name of Mother* Mary Eland
6. *Mother's Maiden Name* Grobe
7. *Mother's Birthplace* Neuen Damslaat Germany
8. *Full Name of Father* Albert Eland
9. *Father's Occupation* Carver
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Roth

Address 928 South Eutaw st

Remarks.

RETURN OF A BIRTH.

258914

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 22nd 1878
4. *Place of Birth (Street and Number)* 63 Eyrman Street
5. *Full Name of Mother* Lottie Edelin
6. *Mother's Maiden Name* Lottie Harris
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* C. A. Edelin
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. J. G. Ward M D
Address 127 St Paul St
Remarks

Any Physician, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25895

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 31 1897 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3tes Kind
1. *Sex (state whether Male or Female)*	Mädchen
2. *Race or Color (if not of the white race)*	Weiß
3. *Date of Birth*	geboren den 22ten Juli
4. *Place of Birth (Street and Number)*	No 222 Carlin Str
5. *Full Name of Mother*	Marg" Schüllheiß
6. *Mother's Maiden Name*	Marg" Bollmann
7. *Mother's Birthplace*	Deutschland
8. *Full Name of Father*	Georg Schüllheiß
9. *Father's Occupation*	Schreiner
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this return	Friedrich Kortheuer
Address	No 204 S. Dallas Str
Remarks	Homme

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 25896

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 22 1878
4. Place of Birth (Street and Number)	No 120 Bolley av
5. Full Name of Mother	Vashti Hubbard
6. Mother's Maiden Name	Vashti Grace
7. Mother's Birthplace	Md
8. Full Name of Father	Eugene Hubbard
9. Father's Occupation	Gold Watch Jeweller
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. B. Noble
Address	17 Hanover av
Remarks	

Any person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the molden name of the mother of such child or children.

RETURN OF A BIRTH.

25897

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) M

2. *Race or Color* (if not of the white race) W

3. *Date of Birth* July 22nd 1878

4. *Place of Birth* (Street and Number) 454 E Cha

5. *Full Name of Mother* Emma Bray

6. *Mother's Maiden Name* Williams

7. *Mother's Birthplace* City

8. *Full Name of Father* John Bray

9. *Father's Occupation* Upholster

10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. H. H. Reynolds M.D.

Address 186 Aisquith St

Remarks

RETURN OF A BIRTH.

25898

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 22nd 1878
4. *Place of Birth (Street and Number)*	284 Argyle Avenue
5. *Full Name of Mother*	Emma L. Schneidmiller
6. *Mother's Maiden Name*	Kirkland
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John W. Schneidmiller
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace*	Carroll County Md
Name of Medical Attendant, or other Person who makes this return	Anna Hernandez Mid
Address	220 [illegible] St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25899

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 22 1878.
4. Place of Birth (Street and Number)	Battery Av No 219.
5. Full Name of Mother	Mary Scheriff
6. Mother's Maiden Name	Mary Goetz
7. Mother's Birthplace	Germany
8. Full Name of Father	John Scheriff
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore. Md
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Brune
Address	114 Battery Av.
Remarks	

Advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25900

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* July 22 1878

4. *Place of Birth (Street and Number)* 1. Brown Street No 29

5. *Full Name of Mother* Louisa Praemer

6. *Mother's Maiden Name* Louisa Becker

7. *Mother's Birthplace* Baltimore. M. d.

8. *Full Name of Father* Henry Praemer.

9. *Father's Occupation* Glassmann

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Dr Southea Brune

Address 114 Battery Av.

Remarks

HEALTH DEPARTMENT
REGISTERED
1878
BALTIMORE.

RETURN OF A BIRTH.

23901

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEP. AUG 14 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) ~~White~~ Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 22

4. Place of Birth (Street and Number) Baltimore Eutaw Street No 282

5. Full Name of Mother Henry Gardner

6. Mother's Maiden Name Hulda Groom

7. Mother's Birthplace Winchester

8. Full Name of Father John Gardner

9. Father's Occupation Railroad

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annelius Wilson

Address

Remarks

The Physician in charge, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23902

HEALTH DEPARTMENT
AUG
2
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth July 22d 1878
4. Place of Birth (Street and Number) No 21 Eastern Ave
5. Full Name of Mother Helena Mc Korn
6. Mother's Maiden Name " Bode
7. Mother's Birthplace City
8. Full Name of Father Thomas Mc Korn
9. Father's Occupation Laborer
10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushman

Address 120 Bank St.

Remarks

Every person in charge, who shall attend, assist or witness at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25903

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 22d 1878
4. *Place of Birth (Street and Number)* N° 210 alice ann st
5. *Full Name of Mother* Maggie Joy
6. *Mother's Maiden Name* " Keller
7. *Mother's Birthplace* City
8. *Full Name of Father* Wm Joy
9. *Father's Occupation* Laborer
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Buschmann
Address 126 Banks st

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23904

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	22nd July 1878
4. *Place of Birth (Street and Number)*	170 Madison St.
5. *Full Name of Mother*	M. Schafer.
6. *Mother's Maiden Name*	M. Yeager
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	J. Schafer.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mary Gaither
Address	25 N. Eastern
Remarks	Baltimore City

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ulwise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 23905

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 22nd 1878
4. *Place of Birth (Street and Number)* 65 Orchard Street
5. *Full Nome of Mother*
6. *Mother's Maiden Name* Florence Barrett
7. *Mother's Birthplace* Baltimore City
8. *Full Nome of Father* Arthur J. Parrish
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Hopper Brodley Doctors

Address 85 Orchard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ge in Baltimore, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25906

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 5 1878

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23d 1878
4. Place of Birth (Street and Number)	136 Aisquith Ave
5. Full Name of Mother	Helena Friederich
6. Mother's Maiden Name	H. Winkler
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Friederich
9. Father's Occupation	Grocery Store.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Dina Hillegeist
Address	182 E. Monument Str
Remarks	

The Parent of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25907

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

It is the duty of any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	July 23d 1878
4. *Place of Birth* (Street and Number)	167 Penna. Ave.
5. *Full Name of Mother*	Ida Berger
6. *Mother's Maiden Name*	Anderson
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Julius Berger
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. B. Christian M. D.
Address	431 Penna. Ave.
Remarks	

RETURN OF A BIRTH.

25908

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE AUG 8 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Baltimore July 31 1878

1. Sex (state whether Male or Female) one male Boy child

2. Race or Color (if not of the white race) of color Race

3. Date of Birth 23 of July 1878

4. Place of Birth (Street and Number) No 444 Eday Street

5. Full Name of Mother Mrs henretta Davis

6. Mother's Maiden Name henretta groves

7. Mother's Birthplace Upperstown Md D Kent Co

8. Full Name of Father Chapell Davis

9. Father's Occupation Public Waiter

10. Father's Birthplace Pettersburg va

Name of Medical Attendant, or other Person who makes this Return. Dr Shorb

Address the mother

Remarks and child are getting fine in good health grandmy Mother

Mrs Mary Thome Rose

Advise at the birth of any child, within the City of Baltimore, shall attend, assist or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25909

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	23 July 91
4. Place of Birth (Street and Number)	22 St.
5. Full Name of Mother	Mary Schmidt
6. Mother's Maiden Name	" Graebender
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Adam Schmidt
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St
Remarks	

Physician in charge, who shall attend, assist or be at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st Child.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 of July.
4. Place of Birth (Street and Number)	Federal Street.
5. Full Name of Mother	Catherin Johanna Brauer.
6. Mother's Maiden Name	Catherin Johanna Keibner.
7. Mother's Birthplace	Baltimore Maryland.
8. Full Name of Father	Henry Brauer.
9. Father's Occupation	Bucher.
10. Father's Birthplace	Baltimore Maryland
Name of Medical Attendant, or other Person who makes this Return	Mrs Schlifer 33 Howard st
Address	Howard St. 33
Remarks	

The Law requires that every Physician, Midwife, or other person having knowledge of any birth, shall report the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25911

HEALTH DEPARTMENT
AUG
3
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 23 1878
4. Place of Birth (Street and Number)	353 Charles Street
5. Full Name of Mother	Elize Häase Haase
6. Mother's Maiden Name	" " Kroh
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Patrick Haase
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Kathrina Münch
Address	98 Leadenhall St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25912

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	July. 23 1878.
4. Place of Birth (Street and Number)	35 Lemon St
5. Full Name of Mother	Katy. Schrempski.
6. Mother's Maiden Name	" Olinski.
7. Mother's Birthplace	Prussia.
8. Full Name of Father	John Schrempski
9. Father's Occupation	Laborer
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return	Anna Sindram.
Address	N. 45 Monroe St.
Remarks	

Every Physician, Midwife, or other person who shall render professional assistance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25713

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 3 Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colord

3. Date of Birth Easley the 23

4. Place of Birth (Street and Number) Water cort no 3

5. Full Name of Mother Mary Ann Gordon Steward

6. Mother's Maiden Name

7. Mother's Birthplace Baltimor

8. Full Name of Father Mar[illegible] Thonson

9. Father's Occupation carter

10. Father's Birthplace Baltimor

Name of Medical Attendant, or other Person who attended upon Mother morgt Lucinder cantin

Address no 43 Riddel ally

Remarks hale hetty Chil

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the Christian name of the mother of such child or children.

RETURN OF A BIRTH.

25911

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 23 1878
4. *Place of Birth (Street and Number)* 324 E Hoffman Street
5. *Full Name of Mother* Mary J. Bailey
6. *Mother's Maiden Name* Mary J. Bailey
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Bailey
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Hester Bowdy Doctress
Address 35 Orchard Street
Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Births at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25915

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 July
4. Place of Birth (Street and Number)	226 Chew
5. Full Name of Mother	Justina Lima
6. Mother's Maiden Name	" Vilger
7. Mother's Birthplace	Balto.
8. Full Name of Father	Anton Lima
9. Father's Occupation	Tailor
10. Father's Birthplace	Kaisiam Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnes St
Remarks	

Penalty imposed by Public Ordinances of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25916

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 23 1878
4. Place of Birth (Street and Number) Baker St near Penna ave Balto
5. Full Name of Mother Julia Weber
6. Mother's Maiden Name Julia Eff
7. Mother's Birthplace Germany
8. Full Name of Father Eyhart Weber
9. Father's Occupation Gardener
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. [redacted]

Address Penn Road Dunker bet Schroeder

Remarks

The Physician or Midwife in attendance upon any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

123917

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 9 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d,~~ &c.)	3t
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 23. 1878
4. Place of Birth (Street and Number)	N. Wolfst 362.
5. Full Name of Mother	Christiane Hartwig
6. Mother's Maiden Name	Flanken
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Hartwig
9. Father's Occupation	Storekeeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ms. Johanna Rompach
Address	S Wolfst 128
Remarks	Midwife

RETURN OF A BIRTH.

25918

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

Rule 21. The birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 23 1878
4. Place of Birth (Street and Number)	89 N Washington st.
5. Full Name of Mother	Dorettea Bademan
6. Mother's Maiden Name	" Matzer
7. Mother's Birthplace	City
8. Full Name of Father	Simon Bademan
9. Father's Occupation	Tailor
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Bushmeier
Address	121 Bank st
Remarks	

RETURN OF A BIRTH.

23919

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 23 1878
4. Place of Birth (Street and Number)	63 Jefferson St
5. Full Name of Mother	Mary E. Oliver
6. Mother's Maiden Name	Mary E. Welch
7. Mother's Birthplace	Balto. Md.
8. Full Name of Father	Jno L. Oliver
9. Father's Occupation	Engineer
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary A Abbott
Address	286 McDonogh st
Remarks.	

Every Physician, Midwife or other person who shall attend upon any case of birth, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

25920

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	23rd July 1878.
4. *Place of Birth (Street and Number)*	167 E. Edgar St.
5. *Full Name of Mother*	Mr. K. Poisal.
6. *Mother's Maiden Name*	M. K. Rhodes.
7. *Mother's Birthplace*	Baltimore City.
8. *Full Name of Father*	John A. Poisal.
9. *Father's Occupation*	Druggist
10. *Father's Birthplace*	Virginia.
Name of Medical Attendant, or other Person who makes this return	Mary Watts
Address	167 E. Eastern Ave
Remarks	Baltimore City.

...the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 25921

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY:

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Tenth (10th)

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Tuesday, 23d July 1878.
4. *Place of Birth (Street and Number)* No 19 Slaughterhouse Alley
5. *Full Name of Mother* Mary Martin
6. *Mother's Maiden Name* Mary Wilson
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Benjamin Martin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Queen Anne Co Maryland

Name of Medical Attendant, or other Person who makes this Return. Dr. J. Edwards Jr

Address 106 Columbia Ave.

Remarks

...arise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Every Physician or Midwife in attendance upon the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25922

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th 1878
4. Place of Birth (Street and Number)	206 Bond St
5. Full Name of Mother	Catho Becker
6. Mother's Maiden Name	A. Desch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Becker
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Dina Hyllegust.
Address	182 e. Monument St
Remarks	

23923

RETURN OF A BIRTH.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

The Father or Mother, or in case of the absence or death of both Father and Mother, the Householder, or Owner of the premises where any child shall be born within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 July 1878
4. Place of Birth (Street and Number)	22 Little Wood Street
5. Full Name of Mother	Margarethe Scherlizge
6. Mother's Maiden Name	" " Wien
7. Mother's Birthplace	Germany
8. Full Name of Father	Friderecus Scherlizge
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theresia Eigeldinger
Address	14 Union Street
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

239214

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 one
1. Sex (state whether Male or Female)	Fe Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th 1878
4. Place of Birth (Street and Number)	# 118 Hanover St.
5. Full Name of Mother	Anna Bell Rowe
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto City
8. Full Name of Father	Wm H. Kirwan
9. Father's Occupation	Clerk
10. Father's Birthplace	Norfolk Va
Name of Medical Attendant, or other Person who makes this Return.	R.C. Lee
Address	Hanover & Barre Sts
Remarks	

25925

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 24th 1878
4. Place of Birth (Street and Number)	No 225 Charles st
5. Full Name of Mother	Sophie Hebel Bachmann
6. Mother's Maiden Name	
7. Mother's Birthplace	Germaney
8. Full Name of Father	Jacob Holzel
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germaney
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Cross st.
Remarks	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25926

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* July 24th 1878

4. *Place of Birth (Street and Number)* N° 230 Fremont st

5. *Full Name of Mother* Josephine Neuhaus

6. *Mother's Maiden Name* Dell

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Carl Neuhaus

9. *Father's Occupation* Instrument maker

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return A Lohmeyer midwife

Address 213 Cross st.

Remarks

Within the first ten days of each month, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25927

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Color

3. Date of Birth July 24th 1878

4. Place of Birth (Street and Number) Libby an Broadway No

5. Full Name of Mother Mahaly Johnson

6. Mother's Maiden Name Caleb J. Ann Johnson

7. Mother's Birthplace ~~Baltimore City~~

8. Full Name of Father Caleb J. Johnson

9. Father's Occupation Laber

10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Francis Cork

Address No. 10 Linn alley

Remarks

Every Physician, or other person having charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25928

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY. July 26 1878

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 1.
1. Sex (state whether Male or Female) Male.
2. Race or Color (if not of the white race) White.
3. Date of Birth July 24th 1878.
4. Place of Birth (Street and Number) 184 Ann St.
5. Full Name of Mother Annie Kautz.
6. Mother's Maiden Name Annie Averten.
7. Mother's Birthplace America.
8. Full Name of Father Christ Kautz.
9. Father's Occupation Laborer.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Amend.
Address No. 137 Wolfe St.
Remarks

The Parent or Head of the Family in which any child shall be born within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25929

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Black
3. Date of Birth	July 24th 1878
4. Place of Birth (Street and Number)	247 S Eutaw St
5. Full Name of Mother	Isabella Williams
6. Mother's Maiden Name	Isabella Sorrell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John H. Williams
9. Father's Occupation	Drayman
10. Father's Birthplace	Annapolis
Name of Medical Attendant, or other Person who makes this Return.	Theodore Lackey M.D.
Address	
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25930

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	24 July
4. *Place of Birth (Street and Number)*	Aisquith st 74
5. *Full Name of Mother*	Amelia Ruckhoff
6. *Mother's Maiden Name*	Amelia Meyers
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	August Meyers
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Eliza Flemming
Address	95 Albemarle st
Remarks	healthy

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25931

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 24th 78.
4. Place of Birth (Street and Number) 292 W. Mulberry St.
5. Full Name of Mother Emily Thayer
6. Mother's Maiden Name Emily Johnson
7. Mother's Birthplace Baltimore, Md
8. Full Name of Father George Henry Thayer
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return A. C. Fox. M.D

Address 82 N Charles St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25932

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 24. 1878
4. *Place of Birth (Street and Number)* No. 33 S. Amer St.
5. *Full Name of Mother* Mrs. Estelle E. Gumby
6. *Mother's Maiden Name* Miss Estelle E. Cloud
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Mr. John H. Gumby
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Mr H. Clendinen

Address No. 102 N. Broadway

Remarks

RETURN OF A BIRTH. 25933

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth July 24

4. Place of Birth (Street and Number) cor Fremont & McHenry

5. Full Name of Mother Minerva Mc Phee

6. Mother's Maiden Name Atkins

7. Mother's Birthplace Nashville Tenn

8. Full Name of Father Erwin Mc Phee

9. Father's Occupation Clerk

10. Father's Birthplace Halifax N. C.

Name of Medical Attendant, or other Person who makes this Return. Mrs Leibach

Address

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

259311

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 30 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24
4. Place of Birth (Street and Number)	Baltimoe Lombard st 747
5. Full Name of Mother	Rosey A. Fot stricker
6. Mother's Maiden Name	Rosey A Fot
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward stricker
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Ann Finlay
Address	1175 Monroe St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25735

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	A Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	24th July 1876
4. Place of Birth (Street and Number)	93 Mott Steam Pt
5. Full Name of Mother	Josina Ritenmiller
6. Mother's Maiden Name	Josina Buchter
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Buchter
9. Father's Occupation	Tanner
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Valentia Kunkel
Address	11 North Chappel St for John Kunkel
Remarks	

Every Physician, Midwife, or other person who shall attend upon any case of birth within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23936

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female,
2. Race or Color (if not of the white race) White,
3. Date of Birth 24th July 1878.
4. Place of Birth (Street and Number) 1372 Lanvale Street City.
5. Full Name of Mother Annie J. Aldridge
6. Mother's Maiden Name Annie J. Fare.
7. Mother's Birthplace Cecil Co Md.
8. Full Name of Father John H. Aldridge.
9. Father's Occupation Physician,
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Harry L Byrd M.D.

Address 139 N. Arlington Av.

Remarks Natural Labor Vertex presentation.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25937

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 24 1878
4. *Place of Birth (Street and Number)* 25 St Mary Street
5. *Full Name of Mother* Annie M. Ellis
6. *Mother's Maiden Name* Annie M. Roberts
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Ellis
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Petersburg Virginia

Name of Medical Attendant, or other Person who makes this return Hester Barclay M.D.

Address 85 Richard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

25938

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th 1878
4. Place of Birth (Street and Number)	Baltimore Parkin St No 60
5. Full Name of Mother	Minnie Fader
6. Mother's Maiden Name	Baker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles. Fader
9. Father's Occupation	Shoe-maker
10. Father's Birthplace	Nova Scotia
Name of Medical Attendant, or other Person who makes this Return	Mrs. E Mitchell
Address	No. 122 Parkin st
Remarks	

RETURN OF A BIRTH.

25939

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th 1878
4. Place of Birth (Street and Number)	Baltimore Md. " Henry & No. 134
5. Full Name of Mother	Mary Cain
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Cain
9. Father's Occupation	Boilermaker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs. L. Mitchell
Address	No. 122 Parkin st
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

259110

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

EMIL STRUP

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	July 24th 1878
4. Place of Birth (Street and Number)	Charles Street 298.
5. Full Name of Mother	Emily Krupp.
6. Mother's Maiden Name	Emily Reuter
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Jacob Krupp
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Brother Bruno
Address	114 Battery Av
Remarks	

RETURN OF A BIRTH.

259141

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born to or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 24th 1878
4. Place of Birth (Street and Number)	66 N. Holliday
5. Full Name of Mother	Catherine Wirnsing
6. Mother's Maiden Name	" Strickhouser
7. Mother's Birthplace	Penna
8. Full Name of Father	William Wirnsing
9. Father's Occupation	Confectioner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Geo. B. Reynolds
Address	432 N. Calvert St
Remarks	

RETURN OF A BIRTH.

95119

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1/1

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth July 24th 1878

4. Place of Birth (Street and Number) No 32 N. Eutaw St

5. Full Name of Mother Kate Ing

6. Mother's Maiden Name Kate Bruen

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Thomas Ing

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Wheatley W. Wiseart M.D.

Address 114 Fayette Street

Remarks Foetus natural. Full term.

The within was made out of the proper blanks for the Health Dept. and was received

MW

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25943

HEALTH DEPARTMENT AUG 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White - [redacted]
3. Date of Birth July - 24 1878
4. Place of Birth (Street and Number) Canton, ar No 458
5. Full Name of Mother Susanah Grover
6. Mother's Maiden Name Susanah Armstrong
7. Mother's Birthplace Baltimore Md
8. Full Name of Father Walter Josiah Grover
9. Father's Occupation Painter
10. Father's Birthplace Baltimore County

Name of Medical Attendant, or other Person who makes this return Louisa Wiley

Address No 12 Peterson Pentaxmue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25944

HEALTH DEPARTMENT
JUL 31 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 26th 1878
4. *Place of Birth (Street and Number)* No 43 Lancaster st
5. *Full Name of Mother* Caroline Green
6. *Mother's Maiden Name* Siegler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Green
9. *Father's Occupation* Refiner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Goetzke

Address No 55 S. Bond St

Remarks

Every Physician, Midwife, or other person who shall attend upon any case of birth within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25915

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Ch. C

1. Sex (state whether Male or Female) White

2. Race or Color (if not of the white race) Girl C

3. Date of Birth 25 July 1878

4. Place of Birth (Street and Number) 1e 26 Ridgely st

5. Full Name of Mother Johanna Barthelmes

6. Mother's Maiden Name Johanna Beise

7. Mother's Birthplace Baltimore

8. Full Name of Father Geo Wm Beise

9. Father's Occupation Barber

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Magruder

Address Russell st No 70

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23946

HEALTH DEPARTMENT AUG 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25th 1878
4. Place of Birth (Street and Number)	Mc Elderry st extended. Balto.
5. Full Name of Mother	Clara B. Andrew
6. Mother's Maiden Name	" Colock.
7. Mother's Birthplace	Philadelphia
8. Full Name of Father	John Andrew.
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary A. Pertus.
Address	# 59. S. Madiaria Alley.
Remarks	in good Health.

RETURN OF A BIRTH.

25947

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 5 1878

BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25th 1878
4. Place of Birth (Street and Number)	187 Central Ave.
5. Full Name of Mother	Annie Young
6. Mother's Maiden Name	A. Decker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Stephen Young
9. Father's Occupation	Taylor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dina Shilleg ist
Address	182 e. Monument St
Remarks	

RETURN OF A BIRTH.

23948

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 25 1878
4. Place of Birth (Street and Number)	494 Lexington
5. Full Name of Mother	Fannie Leedz
6. Mother's Maiden Name	Fannie Price
7. Mother's Birthplace	Frederick County Md.
8. Full Name of Father	Edward H. Leedz
9. Father's Occupation	Painter
10. Father's Birthplace	Philadelphia Pa.
Name of Medical Attendant, or other Person who makes this Return	Mrs Dumler 60
Address	Schroder Street
Remarks	

Physicians, Midwives, or other persons, failing willfully to state date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25949

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4d
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	African
3. Date of Birth	July 25 1878
4. Place of Birth (Street and Number)	Bal N 30 East St
5. Full Name of Mother	Eliza Jones
6. Mother's Maiden Name	Wade Carr
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Thomas Jones
9. Father's Occupation	Waiter
10. Father's Birthplace	Col Jefferson Virginia
Name of Medical Attendant, or other Person who makes this Return.	Medical attendant none
Address	Mid Midwife Eliza Commons
Remarks	made Return Horace Commons

1645 Residence East St Baltimore

RETURN OF A BIRTH.

25950

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 25 July
4. Place of Birth (Street and Number) 68 Lemon Alley
5. Full Name of Mother Agnes Schroen
6. Mother's Maiden Name Meyers
7. Mother's Birthplace Baltimore
8. Full Name of Father George Schroen
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby St

Remarks

The Law provides a penalty for neglect to register the name of a child within ten days after birth, and requires the Parent, Householder, Physician, Midwife, or other person having knowledge of the facts, to make return of every birth, stating the time and place of birth, sex, and color of the child (if born alive or dead), its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25951

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*

2. *Race or Color (if not of the white race)*

3. *Date of Birth*

4. *Place of Birth (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father*

9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25952

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 25. 1878
4. *Place of Birth (Street and Number)* 170 German street
5. *Full Name of Mother* Amanda Hines
6. *Mother's Maiden Name* Amanda Izor
7. *Mother's Birthplace* Harford County
8. *Full Name of Father* Frank Hines
9. *Father's Occupation* Stonemason
10. *Father's Birthplace* Montgomery County

Name of Medical Attendant, or other Person who makes this return Hester Bradley Doctress

Address 85 Orchard Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25953

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	25 July 1878
4. Place of Birth (Street and Number)	182 Constitution St
5. Full Name of Mother	Elisabetta Sampson
6. Mother's Maiden Name	Reilly
7. Mother's Birthplace	Germany
8. Full Name of Father	Geo W Samson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrissmen
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

23934
23935

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d and 4th

1. *Sex (state whether Male or Female)* male & female
2. *Race or Color (if not of the white race)* Red
3. *Date of Birth* 25 July 1878
4. *Place of Birth (Street and Number)* 36 Foster ave between Boston & Hoffman near Park ave
5. *Full Name of Mother* Rosa Woodland
6. *Mother's Maiden Name* " Conyer
7. *Mother's Birthplace* md
8. *Full Name of Father* John Woodland
9. *Father's Occupation* Coachman
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill MD

Address 129 W Biddle

Remarks Each twin weighed about 6 lbs, two placentas, all lively and doing well.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25956

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 7 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 25th 1878
4. *Place of Birth (Street and Number)* 25 Morris Alley
5. *Full Name of Mother* Mary Ann Winder
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Ephrim Winder
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this return Hester Bordley Doctress
Address 85 Orchard Street
Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25957

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 July 1878
4. *Place of Birth (Street and Number)* Alleys Aly No 12
5. *Full Name of Mother* Lucasia Saunders
6. *Mother's Maiden Name* Lucasia Willis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thomas Saunders
9. *Father's Occupation* blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson

Address No 9 S Hamburg St

Remarks

25958

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ellen Kirs 1st Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 26
4. *Place of Birth (Street and Number)* Baltimore, Cohen Ally 42
5. *Full Name of Mother* Ellen Kirs
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Ellen Kirs Birthplace Church Creek
8. *Full Name of Father* Thomas Myers
9. *Father's Occupation* Table Tender for a Billard Saloon
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ellen Sutch 42 Shaft Ct. Ally

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25959

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th July
4. Place of Birth (Street and Number)	457 E. Lombard St
5. Full Name of Mother	Sarah E. Meagher
6. Mother's Maiden Name	Sarah E. Soter
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Philip L. Meagher
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Amanda Maginne
Address	378 East of Monument St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25960

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Femal
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	July 26
4. *Place of Birth (Street and Number)*	Baltimore St 1 spring
5. *Full Name of Mother*	Eliza Brunnel
6. *Mother's Maiden Name*	Eliza Dennis
7. *Mother's Birthplace*	Spring Hill Co Md
8. *Full Name of Father*	Charles Brunnel
9. *Father's Occupation*	Laboring
10. *Father's Birthplace*	St Michels
Name of Medical Attendant, or other Person who makes this return	Elizabeth Wm
Address	Jones Court
Remarks	Mail Wm

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within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23961

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) One

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colo.d
3. *Date of Birth* 26th July
4. *Place of Birth (Street and Number)* Henrietta st 94 =
5. *Full Name of Mother* Kate Jones
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm Saunders
9. *Father's Occupation* Labrer
10. *Father's Birthplace* Staunton

Name of Medical Attendant, or other Person who makes this Return. Rachel Foram

Address Henrietta st. 122 =

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25962

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 26 July 1878
4. Place of Birth (Street and Number) 198 Eastern Av.
5. Full Name of Mother Margretha Herold
6. Mother's Maiden Name Bauer
7. Mother's Birthplace Baltimore
8. Full Name of Father Charles Herold
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Gerhard Miller

Address 157 E. Pratt St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25962

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 26th 1878
4. *Place of Birth (Street and Number)* 95 Somerset Str
5. *Full Name of Mother* Mary Schuesler
6. *Mother's Maiden Name* M. Lang
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Schuesler
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Asjna Hillegust.

Address 182 E. Monument Str

Remarks

RETURN OF A BIRTH.

S.V. 23964

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 July 1878
4. *Place of Birth (Street and Number)* 4 Bounde Lane
5. *Full Name of Mother* Margretha Seibert
6. *Mother's Maiden Name* Ewig
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Seibert
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertrude L. Miller
Address 151 E. Pratt
Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23965

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 a
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 26 1878
4. Place of Birth (Street and Number)	264 Hanover St.
5. Full Name of Mother	Margaretha Schulz
6. Mother's Maiden Name	" " Smith
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Ferdinand Schulz
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Kathrina Münch
Address	98 Leadenhall St.
Remarks	

RETURN OF A BIRTH.

23966

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	26th
4. *Place of Birth (Street and Number)*	99 Harrison St
5. *Full Name of Mother*	" " Wallace
6. *Mother's Maiden Name*	Mary Ann Whiting
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Edward Whiting
9. *Father's Occupation*	Furniture Dealer
10. *Father's Birthplace*	Canada South amanica
Name of Medical Attendant, or other Person who makes this return	Lawrence Reily Coleman
Address	No 20 2 Front St, Bal
Remarks	Coleman M.D.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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23944

RETURN OF A BIRTH.

25967

HEALTH DEPARTMENT JUL 3 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord race
3. Date of Birth July the 26 1878
4. Place of Birth (Street and Number) m dary ave 17 Baltimore
5. Full Name of Mother
6. Mother's Maiden Name Lottie Colomon
7. Mother's Birthplace Dorchester County m d
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return Lucinda Woolford

Address 130 north Pegester St Baltimore

Remarks

Physicians, Midwives, and other persons required by law to make Returns of Births, are hereby notified that they are required to state correctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25968

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colord race
3. Date of Birth July the 26 18 78
4. Place of Birth (Street and Number) 208 milkin st Baltimore
5. Full Name of Mother Harret Rolling
6. Mother's Maiden Name Harret roberson
7. Mother's Birthplace Dorchester Co md
8. Full Name of Father gorge Rolling
9. Father's Occupation Labor
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Register St Baltimore

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25969

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 31 1878

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	July 26th 1878
4. Place of Birth (Street and Number)	N. E. Cor. Eutaw & Biddle
5. Full Name of Mother	Elizabeth Stanley
6. Mother's Maiden Name	Elizabeth Butler
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	Robt A. Stanley
9. Father's Occupation	Confectioner
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	G. W. Hoffman M.D.
Address	74 Eutaw
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25970

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 July 1878
4. Place of Birth (Street and Number)	No. 284 Biddle St.
5. Full Name of Mother	Laura Ann Clatchy
6. Mother's Maiden Name	" " Stansbury
7. Mother's Birthplace	Manchester Carroll Co. Md.
8. Full Name of Father	Alfred B Clatchy.
9. Father's Occupation	Coach Smith
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Charles A Geiger M. D.
Address	No 267 Druid Hill Ave.
Remarks	

RETURN OF A BIRTH.

23971

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1/1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* July 26 1878
4. *Place of Birth (Street and Number)* 46 Moses Alley
5. *Full Name of Mother* Mary C. Fulman
6. *Mother's Maiden Name* Mary C Rainbow
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Edward Fulman
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this return Hester Barsley Dutens
Address 55 Orchard Street
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

25972

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 26th 6 55 P.M. 1878
4. *Place of Birth (Street and Number)* 214 Forrest St.
5. *Full Name of Mother* Mary Virginia Pue
6. *Mother's Maiden Name* Mary Virginia Ireland
7. *Mother's Birthplace* Baltimore Co Md
8. *Full Name of Father* William Pue
9. *Father's Occupation* Marble Worker
10. *Father's Birthplace* Scotland

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelly M.D.

Address 299 E. Baltimore Street

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25973

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. APR 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex (state whether Male or Female)* Male White

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* 2 24 of June 1878

4. *Place of Birth (Street and Number)* 640 Aisquith

5. *Full Name of Mother* Lavinia Lee

6. *Mother's Maiden Name* Lavinia Williams

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Lehon

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Alford Va

Name of Medical Attendant, or other Person who makes this return Rosella Wilson

Address 640 Aisquith Street

Remarks Mother and Child doing Well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26974

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children aforesaid,

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 26.
4. Place of Birth (Street and Number)	31 S. Eutaw st
5. Full Name of Mother	Charlotte C. Hoffman.
6. Mother's Maiden Name	Charlotte C. Frea.
7. Mother's Birthplace	New York U. S.
8. Full Name of Father	George Hoffman
9. Father's Occupation	Book Keeper.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who made this Return.	
Address	54 W Saratoga st
Remarks	

RETURN OF A BIRTH.

25978

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 26th 1878
4. Place of Birth (Street and Number)	119 Wall St
5. Full Name of Mother	Barbara Houck
6. Mother's Maiden Name	Barbara Cavalle
7. Mother's Birthplace	United States
8. Full Name of Father	Julius L. Houck
9. Father's Occupation	Tinner
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	52 E. Lombard St
Remarks	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25976

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Col
3. *Date of Birth*	July 27
4. *Place of Birth (Street and Number)*	# 2 Beverly
5. *Full Name of Mother*	Jane Boggs
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Acamac County
8. *Full Name of Father*	James Stanton
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Acamac County
Name of Medical Attendant, or other Person who makes this return	Mrs Elizabeth Hunt
Address	123 Chestnut Alley
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25977

HEALTH DEPARTMENT
AUG 3 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th 1878.
4. Place of Birth (Street and Number)	No. 329 Central av.
5. Full Name of Mother	Katharina Freehardt
6. Mother's Maiden Name	Katherina Reiderdt
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Freihardt
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavaria Ger.
Name of Medical Attendant, or other Person who makes this Return	Mrs M. A Butt
Address	1 C 175 P.E. Co. Monument & Central av.
Remarks	All Well

RETURN OF A BIRTH.

25978

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 5 1878

BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 27th 1878
4. *Place of Birth (Street and Number)* 10 Asay Str
5. *Full Name of Mother* Lisette Wetzel
6. *Mother's Maiden Name* E. Biermann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Wetzel
9. *Father's Occupation* Merchant Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Ding Hillegeist

Address 182 E. Monument Str.

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 27th 1878
4. *Place of Birth (Street and Number)* No 4 Prospect lane
5. *Full Name of Mother* Mary Baynes
6. *Mother's Maiden Name* M. Bumbarger
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Wm Baynes
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dina Hillegeist

Address No 182 E. Monument St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* July 27. 1878
4. *Place of Birth (Street and Number)* N. Ho. Catherine c
5. *Full Name of Mother* Catherine Burkins
6. *Mother's Maiden Name* Catherine Roffferty
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Isaac Burkins
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. J H Patterson M D

Address 23 Franklin

Remarks

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 27
4. Place of Birth (Street and Number)	Pierce St No 153
5. Full Name of Mother	Anna C Hofstetter
6. Mother's Maiden Name	Anna C. Kindler
7. Mother's Birthplace	—
8. Full Name of Father	Philip H Stetter
9. Father's Occupation	Brass finisher
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return	Miss Kinsler No 60 N. Wood St.
Address	
Remarks	

RETURN OF A BIRTH.

25982

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name, Frank Xavier Schmoll

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Teutonic Color: a strong inclination to red
3. *Date of Birth* July 27. 1878.
4. *Place of Birth (Street and Number)* No 5. Vincent St near Pratt
5. *Full Name of Mother* Caroline Schmoll
6. *Mother's Maiden Name* - - - Fickeisen
7. *Mother's Birthplace* Mainz (Germani)
8. *Full Name of Father* Fred Schmoll
9. *Father's Occupation* Music Teacher
10. *Father's Birthplace* Cassel (Germani)

Name of Medical Attendant, or other Person who makes this Return. Mrs. E. Dumler

Address Schroeder St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Two
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 27th 1878
4. Place of Birth (Street and Number)	1722 Bond Avenue
5. Full Name of Mother	Mary E. ~~Foble~~ Holliday
6. Mother's Maiden Name	Mary E. Foble
7. Mother's Birthplace	Maryland
8. Full Name of Father	W. H. Holliday
9. Father's Occupation	Oyster Chaser
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Theodore Lorz M.D.
Address	
Remarks	

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	27 July 1878
4. *Place of Birth (Street and Number)*	43 N. Wolf st.
5. *Full Name of Mother*	Maria Pieper
6. *Mother's Maiden Name*	Enge
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	August Pieper
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrude Miller
Address	151 E. Pratt st.
Remarks	

RETURN OF A BIRTH.

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HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 1 1879

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 July
4. *Place of Birth (Street and Number)* 126 Granby St
5. *Full Name of Mother* Katherine Steinch
6. *Mother's Maiden Name* Obiem
7. *Mother's Birthplace* Germany
8. *Full Nome of Father* Conrad Steinch
9. *Fother's Occupation* Baker
10. *Fother's Birthplace* Germany

Nome of Medical Attendant, or other Person who makes this Return. Sophie Seimon

Address No 70 Granby St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

JUL 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	27 July
4. Place of Birth (Street and Number)	731 Lambard street
5. Full Name of Mother	Rose Luty
6. Mother's Maiden Name	Rose Iris
7. Mother's Birthplace	Carhaven
8. Full Name of Father	Casper Luty
9. Father's Occupation	Jewlery
10. Father's Birthplace	Bayarn Bayarn
Name of Medical Attendant, or other Person who makes this Return	M Anna Gilmer
Address	1045 Monroe st
Remarks	

RETURN OF A BIRTH.

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HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	female Child
2. Race or Color (if not of the white race)	Colored Child
3. Date of Birth	on the 27 of July 1878
4. Place of Birth (Street and Number)	No 86 goodman Aly
5. Full Name of Mother	Louvader Bosley
6. Mother's Maiden Name	Louvader Valor
7. Mother's Birthplace	Annarel County
8. Full Name of Father	Ben Valor
9. Father's Occupation	guiano Mill
10. Father's Birthplace	Annarel County
Name of Medical Attendant, or other Person who makes this Return.	
Address	Susan Butler
Remarks	No 86 goodman Aly

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT JUL 29 1878 BALTIMORE

Within six days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 July
4. Place of Birth (Street and Number)	211 Exeter St
5. Full Name of Mother	Annie Plugge
6. Mother's Maiden Name	Armata
7. Mother's Birthplace	Germany
8. Full Name of Father	Aug. Plugge
9. Father's Occupation	Furniture Cabinet
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Johnson
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

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HEALTH DEPARTMENT AUG 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 27 1878
4. *Place of Birth (Street and Number)*	27 Fountain Alley
5. *Full Name of Mother*	Eva C. Klingelhofer
6. *Mother's Maiden Name*	Eva Schild
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Klingelhofer
9. *Father's Occupation*	Oyster opener
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Mary Simms
Address	203 S Washington st
Remarks	H P

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25990

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 Juli
4. *Place of Birth (Street and Number)* 28 n. Wolf
5. *Full Name of Mother* Anna Kohoina
6. *Mother's Maiden Name* " Inala
7. *Mother's Birthplace* Kolin Bohemia
8. *Full Name of Father* Wm Kohoina
9. *Father's Occupation* Schoemaker
10. *Father's Birthplace* Kolin Bohemia

Name of Medical Attendant, or other Person who makes this Return J. Conrad

Address 20 Barnes st

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

25991
25992

REGISTRAR'S DEPARTMENT
AUG 15 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th & 7th Twins

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 27th
4. *Place of Birth (Street and Number)* No 76 Mulberry st
5. *Full Name of Mother* Mary Tole
6. *Mother's Maiden Name* Mary Moran
7. *Mother's Birthplace* County Armagh Ireland
8. *Full Name of Father* Hugh Tole
9. *Father's Occupation* Drayman
10. *Father's Birthplace* County Mayo Ireland

Name of Medical Attendant, or other Person who makes this Return Patrick Ward

Address 256 E. Monument St

Remarks

RETURN OF A BIRTH.

23992

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. AUG 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	July 27th
4. *Place of Birth (Street and Number)*	312 Howard St
5. *Full Name of Mother*	Francis dellaha
6. *Mother's Maiden Name*	Francis Camper
7. *Mother's Birthplace*	dorchester County
8. *Full Name of Father*	William dellaha
9. *Father's Occupation*	labour
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Parker
Address	no 4 phillips co avenue
Remarks	

healthy child

born. its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

25994

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	July 27. 1878
4. *Place of Birth (Street and Number)*	1. A Washington ster 191.
5. *Full Name of Mother*	Mary Roeny
6. *Mother's Maiden Name*	Schuster
7. *Mother's Birthplace*	Wittment Hanober
8. *Full Name of Father*	Konrad Roeny
9. *Father's Occupation*	Lebner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who knows this Return.	Ms. Johanna Raupach
Address	1. Wolfster No 28
Remarks	Ms. Dwyer

RETURN OF A BIRTH.

25995

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth July 27th 1878.

4. Place of Birth (Street and Number) West Street No 128.

5. Full Name of Mother Mary Anna Bahlmann.

6. Mother's Maiden Name Mary Anna Denny.

7. Mother's Birthplace England.

8. Full Name of Father John Bahlmann

9. Father's Occupation Labourer

10. Father's Birthplace Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return Dorothea Bruns

Address 114 Bolton St

Remarks

RETURN OF A BIRTH.

2,596

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) /

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 27th 1878
4. *Place of Birth (Street and Number)* 103 N. High
5. *Full Name of Mother* Mary E. Condon
6. *Mother's Maiden Name* " " Rankin
7. *Mother's Birthplace* N. Ireland
8. *Full Name of Father* George M. Condon
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds

Address 43 N. Calvert

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

25997

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 27th 1878
4. Place of Birth (Street and Number)	19 Albemarle Str
5. Full Name of Mother	Annie Sanderson
6. Mother's Maiden Name	Annie Deitrich
7. Mother's Birthplace	United States
8. Full Name of Father	Philip Sanderson
9. Father's Occupation	Clerk
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Carter
Address	52 E Lombard Str
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

23998

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* July 27th 1878

4. *Place of Birth (Street and Number)* 197 Fillmore St

5. *Full Name of Mother* Kate Kehoe

6. *Mother's Maiden Name* Kate Murray

7. *Mother's Birthplace* Ireland

8. *Full Name of Father* Patrick Kehoe

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Sarah Harper

Address 52 E. Lombard St

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 25999

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* ~~Mulatto~~ Colored
3. *Date of Birth* July 28th 1878
4. *Place of Birth (Street and Number)* 372 N. Lombard
5. *Full Name of Mother* Amelia Johnson
6. *Mother's Maiden Name* Amelia Hall
7. *Mother's Birthplace* Toronto Canada
8. *Full Name of Father* Harvey Johnson
9. *Father's Occupation* Minister
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Jno. P. Bates, M.D.

Address 1½ S. Exeter St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26,000

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 30th 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* July 28th 1878.
4. *Place of Birth (Street and Number)* 274 Canton Ave.
5. *Full Name of Mother* K. Leineman
6. *Mother's Maiden Name* K. Jansen.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* H. Leineman.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who making this Return. Mrs. N. Amend

Address No. 137 Wolfe St.

Remarks —

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26001

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 28 th 1878
4. Place of Birth (Street and Number)	No 136 Hanover st
5. Full Name of Mother	Elisabeth Burck
6. Mother's Maiden Name	Durm
7. Mother's Birthplace	America
8. Full Name of Father	Jacob Burck
9. Father's Occupation	Cigar maker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Schwasser midwife
Address	213 Cross st
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26002

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 1.

1. *Sex (state whether Male or Female).* Male
2. *Race or Color (if not of the white race).* Colored
3. *Date of Birth.* July the 28, 18, 78.
4. *Place of Birth (Street and Number).* Baltimore Near Christian
5. *Full Name of Mother.* Ria Jackson
6. *Mother's Maiden Name.* [illegible]
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.*
9. *Father's Occupation.*
10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this return.

Address.

Remarks. E. Liselett. Hunt.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26003

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 28. 1878.
4. Place of Birth (Street and Number)	190 N. Eden St.
5. Full Name of Mother	Kate Easton
6. Mother's Maiden Name	Kate Ryan
7. Mother's Birthplace	Ireland
8. Full Name of Father	James B. Easton
9. Father's Occupation	Sadler.
10. Father's Birthplace	Va.
Name of Medical Attendant, or other Person who makes this Return.	J. M. Sullivan, M.D.
Address	116 Thames St.
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 260044

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 28 78
4. *Place of Birth (Street and Number)* #374 N. Washington Ave
5. *Full Name of Mother* Barbara Kirbie
6. *Mother's Maiden Name* Barbara Rehmberger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Emil Kirbie
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. L Krafft

Address 236 Caroline St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26005

To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 28 78
4. Place of Birth (Street and Number)	1212 Bank [illegible]
5. Full Name of Mother	Walburg [illegible]
6. Mother's Maiden Name	" " " Rasmfel
7. Mother's Birthplace	Germany
8. Full Name of Father	John Rott
9. Father's Occupation	Bapt Keeper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	L Kraft
Address	206 Carlton Ave
Remarks	

26006

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 28 July 1878
4. *Place of Birth (Street and Number)* 245 Lee Str
5. *Full Name of Mother* Pauline Henriette Rupprecht Sultan
6. *Mother's Maiden Name* Pauline Henriette Rupprecht
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Sultan
9. *Father's Occupation* Lithographer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Dr F. Reinhardt

Address 224 W. Fayette Street

Remarks

RETURN OF A BIRTH.

26007

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 July.
4. *Place of Birth (Street and Number)* Annapolis Road Balto. County
5. *Full Name of Mother* Elizabeth Vogel
6. *Mother's Maiden Name* " Lind
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Herman Vogel
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Roth

Address

Remarks

RETURN OF A BIRTH.

26005

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28 July
4. *Place of Birth (Street and Number)* 104 Granby Street
5. *Full Name of Mother* Annie Voulbrett
6. *Mother's Maiden Name* Kaiser
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Voulbrett
9. *Father's Occupation* None
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

Physician or other Informant, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26009
26010

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6th

1. *Sex (state whether Male or Female)* twins Female and Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 28th of July 1873
4. *Place of Birth (Street and Number)* in Lemon Etween Eason and Pulaski.
5. *Full Name of Mother* Maggie Miller
6. *Mother's Maiden Name* M. Nissel
7. *Mother's Birthplace* Bavaria Germany
8. *Full Name of Father* Henry Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Hilles

Address 57 Smallwood St

Remarks

RETURN OF A BIRTH.

26011

HEALTH DEPARTMENT JUL 28 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male & Female — twins
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	July 28
4. *Place of Birth (Street and Number)*	387 N Fayette St.
5. *Full Name of Mother*	Mary Stoub
6. *Mother's Maiden Name*	Mary Crawford
7. *Mother's Birthplace*	Clark Co. Va.
8. *Full Name of Father*	D. O. Stoub
9. *Father's Occupation*	Merchant
10. *Father's Birthplace*	N. Va.
Name of Medical Attendant, or other Person who makes this Return.	J. M. Hilton
Address	207 Madison Ave.
Remarks	

RETURN OF A BIRTH.

26012

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 28th 1878
4. Place of Birth (Street and Number)	No 213 N. Central av.
5. Full Name of Mother	H. Beddinger
6. Mother's Maiden Name	Hz Christ
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Beddinger
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M A Bolt
Address	No 155 E. E. cor Central av. & Monument St.
Remarks	Well

Fill up in a clear, legible manner, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 28th 1878
4. *Place of Birth (Street and Number)* 1 Sharp Street No 368
5. *Full Name of Mother* Herminia Young.
6. *Mother's Maiden Name* Herminia Bertermann
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* George Young.
9. *Father's Occupation* Labore.
10. *Father's Birthplace* France.

Name of Medical Attendant, or other Person who makes this Return Dr Otto Braune

Address 114 Battery Ave

Remarks

RETURN OF A BIRTH.

26 0114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. AUG 23 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female 1/1 VI
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 July
4. Place of Birth (Street and Number)	167 N. Bethel St
5. Full Name of Mother	Marie Senft
6. Mother's Maiden Name	" Evo St.
7. Mother's Birthplace	Germani
8. Full Name of Father	John Senft
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	120 Barnes St
Remarks	

RETURN OF A BIRTH.

26015

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT AUG 13 1875 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 4 23 4 July 1875
4. *Place of Birth (Street and Number)* 44 Jas alley
5. *Full Name of Mother* Emma Gaither
6. *Mother's Maiden Name* Emma Johnson
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* James Gaither
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Smith

Address Baltimore

Remarks No 70 Chesnut st

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26016

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	July 29th
4. *Place of Birth (Street and Number)*	169 Sharpe St
5. *Full Name of Mother*	Lorra Brown
6. *Mother's Maiden Name*	Lorra Frazer
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Brown
9. *Father's Occupation*	labour
10. *Father's Birthplace*	colbert County Ala
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 Patapsco Avenue
Remarks	sickly child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

RECEIVED DEPARTMENT AUG 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	July 28 th
4. *Place of Birth (Street and Number)*	164 Worner St
5. *Full Name of Mother*	mary Sneed
6. *Mother's Maiden Name*	mary Worrington
7. *Mother's Birthplace*	accomack county va
8. *Full Name of Father*	peter Sneed
9. *Father's Occupation*	labor
10. *Father's Birthplace*	accomack county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 patapsco avenue
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26018

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 1 1 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 28 1878
4. *Place of Birth (Street and Number)* Jackson Court 121.
5. *Full Name of Mother* Mary Emmert
6. *Mother's Maiden Name* Schmidt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Emmert
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Fah. Bauroth

Address S. Wolfe str No 28

Remarks Undrope

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26019

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 2 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female "

2. Race or Color (if not of the white race) White

3. Date of Birth July 28th 1878

4. Place of Birth (Street and Number) 291. N. Eden St

5. Full Name of Mother Kate Parlett

6. Mother's Maiden Name Kate Morris

7. Mother's Birthplace Baltimore

8. Full Name of Father Geo. C. Parlett

9. Father's Occupation Planter

10. Father's Birthplace Harford Co. Maryland

Name of Medical Attendant, or other Person who makes this Return. A. J. Bell M.D

Address 306 Madison Avenue

Remarks Fourth child.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26020

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 28th 1875
4. Place of Birth (Street and Number)	67 Market Space
5. Full Name of Mother	Ellen Roze
6. Mother's Maiden Name	Ellen McGinty
7. Mother's Birthplace	United States
8. Full Name of Father	John Roze
9. Father's Occupation	Seaman
10. Father's Birthplace	United States
Name of Medical Attendant, or other Person who makes this Return.	Sarah Casper
Address	82 S Gouldsboro St
Remarks	

Within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26021

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 29th 1878
4. Place of Birth (Street and Number)	42 Perry st
5. Full Name of Mother	Paulina Conley
6. Mother's Maiden Name	Meier
7. Mother's Birthplace	Germany
8. Full Name of Father	Thomas Conley
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaster midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

26022

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29 1878
4. Place of Birth (Street and Number)	Md Maternity Hospital 128 W. Lombard St.
5. Full Name of Mother	Bessie Hyde
6. Mother's Maiden Name	" "
7. Mother's Birthplace	N. Jersey
8. Full Name of Father	Wm Hutchinson
9. Father's Occupation	Mechanic
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who Makes this Return.	Dan'l Stricht M.D.
Address	Maternity Hospital
Remarks	Mother and child doing well

Physicians and Midwives, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 3 1978
BALTIMORE

26093

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Physician, Midwife, or Other Person in Attendance, shall certify the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	No 6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29 th 78
4. Place of Birth (Street and Number)	No 45 East Eager st Balto md
5. Full Name of Mother	Mary E Warner
6. Mother's Maiden Name	Mary E [redacted] Canapp
7. Mother's Birthplace	Balto county Md
8. Full Name of Father	William Warner
9. Father's Occupation	Stable Boss N C R R Co
10. Father's Birthplace	Balto county Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Wooden
Address	No 330 Argyle st
Remarks	

born, its or their physical condition, whether still born or not, the full name, sex, and colour of the child or children of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26021

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	brown skin
3. Date of Birth	July 29th Eden
4. Place of Birth (Street and Number)	132 N. ~~Durham~~ St
5. Full Name of Mother	Georgianne Collins
6. Mother's Maiden Name	Georgianna Williams
7. Mother's Birthplace	Baltimore M. D.
8. Full Name of Father	Robert Collins
9. Father's Occupation	Oyster shucker
10. Father's Birthplace	Washington.
Name of Medical Attendant, or other Person who makes this Return.	Alice Chapman
Address	
Remarks	

RETURN OF A BIRTH.

26023

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born (is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 29th 1878.
4. Place of Birth (Street and Number)	Baltimore Md. Hen. Ave No - 17
5. Full Name of Mother	Anna McDermont.
6. Mother's Maiden Name	Anna Davis
7. Mother's Birthplace	Somerset Co. Md.
8. Full Name of Father	John McDermont.
9 Father's Occupation	Waterman
10. Father's Birthplace	Somerset Co Md.
Name of Medical Attendant, or other Person who makes this Return.	A. A Dameron
Address	194 Gough St
Remarks	Spring well.

RETURN OF A BIRTH.

26026

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) —
3. Date of Birth 29 July 1878.
4. Place of Birth (Street and Number) 357 N. Charles St. Balto
5. Full Name of Mother Emma Bear
6. Mother's Maiden Name " Kraft
7. Mother's Birthplace Md
8. Full Name of Father Thos L Bear
9. Father's Occupation merchant
10. Father's Birthplace Md
Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill
Address 129 W Read St
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26027

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 29th 1878
4. Place of Birth (Street and Number) N 1145 N. Eutaw St
5. Full Name of Mother Frances Elizabeth McClelland
6. Mother's Maiden Name Frances Elizabeth Dougherty
7. Mother's Birthplace Baltimore
8. Full Name of Father George McClelland
9. Father's Occupation Blacksmith
10. Father's Birthplace Co. Antrim Ireland

Name of Medical Attendant, or other Person who makes this Return. J. W. Slater M.D
Address N 114 Park Ave
Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26028

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29 July 1878
4. *Place of Birth (Street and Number)* 160 E. Lombard St.
5. *Full Name of Mother* Anna ~~Friedrich~~ Knoche
6. *Mother's Maiden Name* Willich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friedrich Knoche
9. *Father's Occupation* Grocery Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Hiller

Address 151 E. Pratt

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26029

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Physicians are requested to report, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	29 July
4. *Place of Birth (Street and Number)*	280 W. Pratt St.
5. *Full Name of Mother*	Amelia Gohlinghorst
6. *Mother's Maiden Name*	" Kuhlet.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Herman Gohlinghorst
9. *Father's Occupation*	Hollow Ware Maker
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	
Remarks	

RETURN OF A BIRTH.

26030

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. AUG 3 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 and Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 29th 1878
4. Place of Birth (Street and Number)	No 282 Gross st
5. Full Name of Mother	Caroline Wolbrich
6. Mother's Maiden Name	Stroman
7. Mother's Birthplace	Germaney
8. Full Name of Father	John Wolbrich
9. Father's Occupation	Restaurant
10. Father's Birthplace	Germaney.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaser midwife
Address	213 Gross st.
Remarks	

RETURN OF A BIRTH.

26081

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth Mounday the 29
4. Place of Birth (Street and Number) Lane alley 15
5. Full Name of Mother Mary Lane Thomas
6. Mother's Maiden Name
7. Mother's Birthplace Baltimore
8. Full Name of Father George George
9. Father's Occupation Coachman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lucy Cobnish

Address No 15 Gorsten alley

Remarks

RETURN OF A BIRTH.

26032

To the Office of Registrar of Vital Statistics, Board of Health,

[redacted] TIMORE CITY.

HEALTH DEPARTMENT JUL 30 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	29th of July
4. *Place of Birth (Street and Number)*	No 15 Clemmer Alley
5. *Full Name of Mother*	Bridget Moran
6. *Mother's Maiden Name*	Bridget Moran
7. *Mother's Birthplace*	America
8. *Full Name of Father*	John Moran
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	england
Name of Medical Attendant, or other Person who makes this return	Eliza Fleming
Address	95 Albemarle st
Remarks	healthy

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26033

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

AUG 19 1878

BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	July 29th
4. Place of Birth (Street and Number)	No. 524 W. Lombard Str.
5. Full Name of Mother	Elisabeth
6. Mother's Maiden Name	Helfenbein
7. Mother's Birthplace	Landenhausen, Hessen-Darmstadt
8. Full Name of Father	Conrad Engel
9. Father's Occupation	Baker
10. Father's Birthplace	Ernsthausen, Kurhessen
Name of Medical Attendant, or other Person who makes this Return.	Hmo Leembes 60 Schroter
Address	
Remarks	

RETURN OF A BIRTH.

26034

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 15 1978
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 29
4. *Place of Birth (Street and Number)* No. 228
5. *Full Name of Mother* Augusta Dorr
6. *Mother's Maiden Name* Augusta Strong
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Dorr
9. *Father's Occupation* Seamstress
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. Keyny

Address No. 92 Lombard Street

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26035

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 29th 1878.
4. *Place of Birth (Street and Number)* Battery av. No 122.
5. *Full Name of Mother* Dorothea Neumann
6. *Mother's Maiden Name* Dorothea Schmidt.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Casper Neumann
9. *Father's Occupation* Labor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Report. Dorothee Brune

Address 114 Battery Av

Remarks

RETURN OF A BIRTH.

26036

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1 1878 BALTIMORE.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 29th 1878
4. *Place of Birth (Street and Number)* 149 S. Dallas str.
5. *Full Name of Mother* Charlotte Kellner
6. *Mother's Maiden Name* " Rumboid
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Albert Kellner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mr Elizabeth Buslmann

Address 121 Bank str.

Remarks

RETURN OF A BIRTH.

21037

HEALTH DEPARTMENT
AUG 1 1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, within the City of Baltimore, shall report to the registrar aforesaid, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* July 29th 1878
4. *Place of Birth (Street and Number)* No. 214 Canton Ave
5. *Full Name of Mother* Caroline Goettmann
6. *Mother's Maiden Name* " Rinsky
7. *Mother's Birthplace* " City
8. *Full Name of Father* George Goettmann
9. *Father's Occupation* Machester
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushmann

Address 124 Bank St

Remarks

RETURN OF A BIRTH.

26038

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1878
BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 29 1878
4. Place of Birth (Street and Number)	362 William st
5. Full Name of Mother	Maryet Myers ~~Joseph D. M.~~
6. Mother's Maiden Name	Mary A Griffith
7. Mother's Birthplace	St Mary's County
8. Full Name of Father	Joseph D Myers
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

RETURN OF A BIRTH.

26039

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored Child
3. Date of Birth 29 July 1878
4. Place of Birth (Street and Number) Baltimore Douglass St 41
5. Full Name of Mother Mary Wilmore
6. Mother's Maiden Name
7. Mother's Birthplace Carton Shore maryland
8. Full Name of Father Henry Carton
9. Father's Occupation Brickmaker
10. Father's Birthplace Carton Shore MD

Name of Medical Attendant, or other Person who makes this return Charlotte Tilton

Address 38 forest St Baltimore MD

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26040

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	July 30th 1878
4. Place of Birth (Street and Number)	Maternite Hospital 163 W. Lombard St.
5. Full Name of Mother	Fannie Cloud
6. Mother's Maiden Name	"
7. Mother's Birthplace	W. Virginia
8. Full Name of Father	Mr. Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	Dr. Stockwell
Address	Maternite Hospital 163 W. Lombard St.
Remarks	Mother and child doing well.

26041

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30th 1878
4. Place of Birth (Street and Number)	Baltimore Hughes St No 164
5. Full Name of Mother	Catherine Murphy
6. Mother's Maiden Name	" Norton [redacted]
7. Mother's Birthplace	Govenstown Baltimore City
8. Full Name of Father	James Murphy
9. Father's Occupation	Car Driver
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 220 Montgomery St
Remarks	

RETURN OF A BIRTH.

26042

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30 1878
4. Place of Birth (Street and Number)	27 Thames St
5. Full Name of Mother	Mary Myrrick
6. Mother's Maiden Name	mary Fryer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Thomas Myrick
9. Father's Occupation	Mariner
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return	Mrs Louisa Smith
Address	The child is healthy
Remarks	Name of the child Ann Barbray Myrick

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED 5-16-55

26043

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

William Oliver Mills

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30th 1878
4. Place of Birth (Street and Number)	494 Light
5. Full Name of Mother	Emma J. Mills
6. Mother's Maiden Name	Emma J. Bush
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John E. Mills
9. Father's Occupation	Ship Joiner
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	Theodore Coates M.D.
Address	
Remarks	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26044

HEALTH DEPARTMENT AUG 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* July 30 1878
4. *Place of Birth (Street and Number)* 11 h chester st
5. *Full Name of Mother* Jane macwillams
6. *Mother's Maiden Name* Jane willams
7. *Mother's Birthplace* harford co
8. *Full Name of Father* John macwillams
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel an n gassett

Address 153 aliceanna st

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

260485

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex (state whether Male or Female) fem.
2. Race or Color (if not of the white race) white
3. Date of Birth July 30. 1878
4. Place of Birth (Street and Number) Watson Court No 11.
5. Full Name of Mother Katie May
6. Mother's Maiden Name " Day
7. Mother's Birthplace Germ.
8. Full Name of Father John May
9. Father's Occupation Shoemaker
10. Father's Birthplace Germ.

Name of Medical Attendant, or other Person who makes this return Emilie Bernstein

Address 113. E. Lombard Str.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26046

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30th
4. Place of Birth (Street and Number)	176 Green St
5. Full Name of Mother	Mina Wachle
6. Mother's Maiden Name	" " Babst
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Theador Wachle
9. Father's Occupation	Boxmacher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Wolfherbert Münch
Address	98 Leadenhall St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

260117

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) white

3. Date of Birth July 1

4. Place of Birth (Street and Number) 23 Gallison st

5. Full Name of Mother Mrs German

6. Mother's Maiden Name Sarah Sailor

7. Mother's Birthplace Baltimore

8. Full Name of Father Charles Sailor

9. Father's Occupation Joiner

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Essentia Kunkel

Address 71 North Chappel st per John Kunkel

Remarks Healthy

RETURN OF A BIRTH.

26048

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. July 30th 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth July 30th 1878.
4. Place of Birth (Street and Number) 282 ~~Baltimore St~~ Bank St.
5. Full Name of Mother Mary Messick.
6. Mother's Maiden Name Mary Messick.
7. Mother's Birthplace America.
8. Full Name of Father James Messick.
9. Father's Occupation Patapsco Guano Co.
10. Father's Birthplace America.

Name of Medical Attendant, or other Person who makes this Return. Chas. H. Smend

Address No. 137 Wolfe St.

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26049

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT JUL 31 1878 BALTIMORE.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 30 1878
4. Place of Birth (Street and Number)	152 Aisquith St
5. Full Name of Mother	Emma V Irwin
6. Mother's Maiden Name	Emma V Carter
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John W Irwin
9. Father's Occupation	Braksman
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda McJanine
Address	
Remarks	3. 78 East Monument st

RETURN OF A BIRTH.

21050

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEP
AUG
14
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* July 30
4. *Place of Birth (Street and Number)* Baltimore King street No 38
5. *Full Name of Mother* Mary Albert
6. *Mother's Maiden Name* Mary Done
7. *Mother's Birthplace* Kent Island
8. *Full Name of Father* Geo Albert
9. *Father's Occupation* Grain Maiser
10. *Father's Birthplace* Chester town

Name of Medical Attendant, or other Person who makes this Return. Amuline Wilson

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26057

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The 5 Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* July the 30 1878
4. *Place of Birth (Street and Number)* Northeastern St
5. *Full Name of Mother* agness Thomson
6. *Mother's Maiden Name* agness Thomson
7. *Mother's Birthplace* Elkenhare
8. *Full Name of Father* Jame Thomson
9. *Father's Occupation* Tiler
10. *Father's Birthplace* Elkenhare

Name of Medical Attendant, or other Person who makes this Return. Edward Cornish

Address No 48 Biddle ally

Remarks Still born

RETURN OF A BIRTH.

26052

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
JUL 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	July 30th 1878.
4. *Place of Birth (Street and Number)*	1 Hollins Alley Nr.
5. *Full Name of Mother*	Harriet A. Hillard
6. *Mother's Maiden Name*	Harriet A. Hillard
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Thos. J. Hillard
9. *Father's Occupation*	Oyster in Shucker.
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mary Wade
Address	23 N. Eutaw
Remarks	Mrs. Co.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26053

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 July 1878.
4. *Place of Birth (Street and Number)* Eliot St 22.
5. *Full Name of Mother* Anne Herman.
6. *Mother's Maiden Name* Hemme.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Geo Herman
9. *Father's Occupation* Label
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return

Address Johann Schulte

Remarks 1302 Aisquith St.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

260514

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	31 July 1878
4. *Place of Birth (Street and Number)*	38 N. Durham St.
5. *Full Name of Mother*	Sophia Bardelmann
6. *Mother's Maiden Name*	Kraus
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Anton Bardelmann
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraut Keller
Address	151 E Pratt
Remarks	

RETURN OF A BIRTH.

26055

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July the 31 1878
4. *Place of Birth (Street and Number)* No 167 Eastal St
5. *Full Name of Mother* Mary Patton
6. *Mother's Maiden Name* Mary Curtis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robard J Patton
9. *Father's Occupation* Bottler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E Ball

Address No 171 South Ehster St

Remarks

RETURN OF A BIRTH.

26056

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Colored

3. Date of Birth July 31st 1878

4. Place of Birth (Street and Number) 1840 E Baltimore St

5. Full Name of Mother Ann Eliza Smith

6. Mother's Maiden Name Ann E. Hooper

7. Mother's Birthplace Baltimore

8. Full Name of Father John Smith

9. Father's Occupation Cook

10. Father's Birthplace Norfolk Va

Name of Medical Attendant, or other Person who makes this Return. Alice Chapman

Address 16 9 Milliken St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26057

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* July 31st. 1878.
4. *Place of Birth (Street and Number)* N. Gay St. No 67.
5. *Full Name of Mother* Elisabetha Karsten
6. *Mother's Maiden Name* Elisabetha Karst.
7. *Mother's Birthplace* Hanofer. K. Preussen. Germany
8. *Full Name of Father* Heinrich Karsten
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Radenburg. K. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Mills

Address N. Dallas St. No 26.

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26058

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

Also, in all cases, the physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	July 31st 1878
4. Place of Birth (Street and Number)	19 Cripple St. near Chase.
5. Full Name of Mother	Harriet Kelly.
6. Mother's Maiden Name	Harriet Harris.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Kelly.
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bird
Address	No 185 NE. cor. of Monument & Central ave.
Remarks	All well.

RETURN OF A BIRTH.

26059

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	21. July
4. Place of Birth (Street and Number)	14 Barnes St
5. Full Name of Mother	Maria Kolalik
6. Mother's Maiden Name	" Kucera
7. Mother's Birthplace	Cster. Bohemia
8. Full Name of Father	John Kolalik
9. Father's Occupation	Tailor
10. Father's Birthplace	Cster. Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnes St
Remarks	

RETURN OF A BIRTH.

26060

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) ~~Female~~ Male

2. Race or Color (if not of the white race)

3. Date of Birth 31st July

4. Place of Birth (Street and Number) 30 Clement st

5. Full Name of Mother Pauline Wilhelmina Bald

6. Mother's Maiden Name Pauline Wilhelmina Kind

7. Mother's Birthplace Wadenburg Germany

8. Full Name of Father William Bald.

9. Father's Occupation Shoemaker

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

Address 105 W. Henry

Remarks 1 2 1/2 Lexington st

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26061

HEALTH DEPARTMENT AUG 11 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within Ten Days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	July 31st 1878
4. Place of Birth (Street and Number)	92 Mangs St
5. Full Name of Mother	Mary O'Leary
6. Mother's Maiden Name	Fain
7. Mother's Birthplace	City
8. Full Name of Father	Edward O'Leary
9. Father's Occupation	Stevedore
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Mrs Elizabeth Buchanan
Address	120 Banks St
Remarks	

RETURN OF A BIRTH.

26062

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	July 31st 1878
4. *Place of Birth (Street and Number)*	No 164 Granby Street
5. *Full Name of Mother*	Margaret Beckwith
6. *Mother's Maiden Name*	Margaret Hays
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Horace Beckwith
9. *Father's Occupation*	Farmer
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this return	J Pinkney Stabler M D
Address	No 121 E Baltimore St
Remarks	

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RETURN OF A BIRTH. 26063

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	18th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 21st
4. Place of Birth (Street and Number)	rear of 110 Scott St
5. Full Name of Mother	Elizabeth Legg
6. Mother's Maiden Name	" Borden
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Legg
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss Mary Harrigan
Address	No. 112 Scott Street
Remarks	

RETURN OF A BIRTH.

26064

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* July 31st 1878

4. *Place of Birth (Street and Number)* 231 N Washington St

5. *Full Name of Mother* Mary Elizabeth Fry

6. *Mother's Maiden Name* " " Mansfield

7. *Mother's Birthplace* Balto City

8. *Full Name of Father* Wm S. Fry

9. *Father's Occupation* Undertaker

10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return Mary E. Price

Address 196 N Broadway

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26065

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
7
1878
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 31st
4. Place of Birth (Street and Number)	No 571 West Lombard St
5. Full Name of Mother	Mrs Eliza Fullerkamp
6. Mother's Maiden Name	" McEarly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Fullerkamp
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Eliza Fullerkamp
Address	Spring Hill
Remarks	No 569 West Lombard St

RETURN OF A BIRTH.

26066

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth July 31st 1878.
4. Place of Birth (Street and Number) Lemity St.
5. Full Name of Mother Catherine Mason
6. Mother's Maiden Name McCully
7. Mother's Birthplace Ellicotts Mills
8. Full Name of Father James Mason
9. Father's Occupation Carpenter
10. Father's Birthplace Ellicotts Mills.

Name of Medical Attendant, or other Person who makes this Return. J. Walton White M.D.

Address 30 N. Gilmor St.

Remarks

RETURN OF A BIRTH.

26067

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	1 August 78.
4. *Place of Birth (Street and Number)*	1838 Clinton St.
5. *Full Name of Mother*	Rose Werna.
6. *Mother's Maiden Name*	Lehn.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Fred Werna
9. *Father's Occupation*	Label.
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	
Address	Johann Schultz
Remarks	1302 Clinton St.

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MISSING
#2068

RETURN OF A BIRTH.

26069.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 1. 1878.
4. Place of Birth (Street and Number)	Elizebeth Laine № 27
5. Full Name of Mother	M. Meyers
6. Mother's Maiden Name	M. Pels
7. Mother's Birthplace	Baltimore. Md.
8. Full Name of Father	W. Meyers
9. Father's Occupation	Laborer
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Cathern Horner
Address	№ 106. West. St.
Remarks	

RETURN OF A BIRTH.

26070

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st. 2

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth August 1st. 1878

4. Place of Birth (Street and Number) Basil St. No 22

5. Full Name of Mother Louisa Schulz.

6. Mother's Maiden Name Roszucka.

7. Mother's Birthplace Prussia.

8. Full Name of Father John Schulz.

9. Father's Occupation Baker.

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return Emile Gerstenberger M.D.

Address Penn St. No 14.

Remarks

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26071

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 1
4. Place of Birth (Street and Number)	300 ~~No.~~ McDonough St
5. Full Name of Mother	Sarah ~~Hawkins~~ Hackney
6. Mother's Maiden Name	Arnold
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Hawkins
9. Father's Occupation	Sailor
10. Father's Birthplace	Alex Virginia
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 7 Fennett Place
Remarks	

RETURN OF A BIRTH.

26072

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE AUG 9 1878

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 1st 1878
4. Place of Birth (Street and Number)	331 N. Durham st
5. Full Name of Mother	Mary F. Wadley
6. Mother's Maiden Name	" " White
7. Mother's Birthplace	Balto. "
8. Full Name of Father	John White "
9. Father's Occupation	Tailor
10. Father's Birthplace	Balto. Md.
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address 286 McDonough st	
Remarks .	

RETURN OF A BIRTH.

26073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 5 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 1st 1878
4. *Place of Birth (Street and Number)* 66 Greenmount Ave
5. *Full Name of Mother* Mary Frechmann
6. *Mother's Maiden Name* M. Soeder
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Frechmann
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Ding Hillegust

Address 162 E. Monument Str.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

260714

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Augt 1st

4. Place of Birth (Street and Number) Baltimore cor Cross & Ha 194

5. Full Name of Mother May E. Murphy

6. Mother's Maiden Name Mary E Beidel

7. Mother's Birthplace Chambersburg Pa

8. Full Name of Father James H. Murphy

9. Father's Occupation Barber

10. Father's Birthplace Baltimore County Md

Name of Medical Attendant, or other Person who makes this Return. Wm H Conway

Address

Remarks good Circumstances

RETURN OF A BIRTH.

26075

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 1st 1878
4. Place of Birth (Street and Number)	No 340 Hanover st
5. Full Name of Mother	Ellen Sineday
6. Mother's Maiden Name	Denney
7. Mother's Birthplace	Ireland
8. Full Name of Father	Mitchel Sineday
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrmann midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

26076

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 1st 1878
4. Place of Birth (Street and Number)	No 376 Sharp st
5. Full Name of Mother	Kathern Sturtman
6. Mother's Maiden Name	Kuoth
7. Mother's Birthplace	America
8. Full Name of Father	Henry Sturtman
9. Father's Occupation	Cooper
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	Dr. Lahrssasser midwife
Address	213 Cross st
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26077

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	"
3. Date of Birth	1st Aug 1878
4. Place of Birth (Street and Number)	6 Broad Alley
5. Full Name of Mother	Frederica Gills
6. Mother's Maiden Name	" Doat
7. Mother's Birthplace	Germany
8. Full Name of Father	John Gills
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sarah Capp
Address	22 Lombard
Remarks	

26078

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	1st Aug 1878
4. *Place of Birth (Street and Number)*	168 Carmel St
5. *Full Name of Mother*	Anna Derpod
6. *Mother's Maiden Name*	Hoyt
7. *Mother's Birthplace*	U.S.
8. *Full Name of Father*	John Derpod
9. *Father's Occupation*	Lawyer
10. *Father's Birthplace*	U.S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cazpr
Address	53 E Lombard
Remarks	

RETURN OF A BIRTH.

26079

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 1st 1878
4. Place of Birth (Street and Number)	Baltimore Co. Balto. St. No. 21
5. Full Name of Mother	Alvertia Snider
6. Mother's Maiden Name	" Williams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Snider
9. Father's Occupation	Brick Layer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. L. Mitchell
Address	No. 122 Parkin St.
Remarks	

RETURN OF A BIRTH.

26080

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

1

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex (~~state whether Male or Female~~)

2. Race or Color (~~if not of the white race~~)

3. Date of Birth August 1st 1878

4. Place of Birth (Street and Number) 529 W Lombard st

5. Full Name of Mother Elizabeth A. Hackett

6. Mother's Maiden Name Mifsher

7. Mother's Birthplace Ellicotts Landing Howard Co Md

8. Full Name of Father Richard Hackett

9. Father's Occupation Carpenter

10. Father's Birthplace Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. John L. L. Kemp M.D.

Address " " " "

Remarks

RETURN OF A BIRTH.

26081

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 3rd 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 1st, (18)78.
4. *Place of Birth (Street and Number)* 172 Medeira Alley.
5. *Full Name of Mother* Louisa Hartman.
6. *Mother's Maiden Name* Louisa Abendschein.
7. *Mother's Birthplace* America.
8. *Full Name of Father* John Hartman
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address No. 137 Wolfe St.

Remarks ---

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26082

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 2nd 1878.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 1st 1878.
4. *Place of Birth (Street and Number)* 197 Chapple St.
5. *Full Name of Mother* Maggie Brand
6. *Mother's Maiden Name* Maggie Loewer.
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Brand
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Dr. Mary Amend.

Address No. 137 Wolfe St.

Remarks

RETURN OF A BIRTH.

26083

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 2 1878
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male — White
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	1 of August
4. Place of Birth (Street and Number)	Baltimore 108 Church alley
5. Full Name of Mother	Eliza Rabbett
6. Mother's Maiden Name	Robert
7. Mother's Birthplace	Baltimore MD
8. Full Name of Father	John Robert
9. Father's Occupation	Labor
10. Father's Birthplace	Easton Shore
Name of Medical Attendant, or other Person who makes this Return	Carline Fisher
Address	No 9 Howes Court
Remarks	Mulatto Wife

RETURN OF A BIRTH.

26084

/

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 14 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 1st Child
1. Sex (state whether Male or Female)	it is a Girl
2. Race or Color (if not of the white race)	it is a White Race
3. Date of Birth	1st August 1878
4. Place of Birth (Street and Number)	Baltimore Gay Street 18 Barry
5. Full Name of Mother	Babere Rudelc
6. Mother's Maiden Name	Babere Dey
7. Mother's Birthplace	Bohama
8. Full Name of Father	Julius Dey
9. Father's Occupation	Beary Le Blouncle to Hartheim
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return	69 Richinton st
Address	Mary Kuytish
Remarks	Baltimore M. D.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26085

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP. AUG 14 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	Aug 1st 11
4. Place of Birth (Street and Number)	Baltimore Howard st 162
5. Full Name of Mother	Esibella Langester
6. Mother's Maiden Name	11 Lee
7. Mother's Birthplace	Clarksville Virg
8. Full Name of Father	Jim Langester
9. Father's Occupation	Driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Smuline Wilson
Address	
Remarks	

RETURN OF A BIRTH. 26086

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 1st 1878
4. *Place of Birth (Street and Number)* 159 Greenmount Avenue
5. *Full Name of Mother* Rose Bachelor
6. *Mother's Maiden Name* Rose Lynch
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Walter D. Bachelor,
9. *Father's Occupation* Rail Road employe
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address No. 5, Franklin St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26057

HEALTH DEPARTMENT
AUG
26
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Aug 16th 1878
4. *Place of Birth (Street and Number)*	Baltimore Washington Ldg.
5. *Full Name of Mother*	Margt Langley
6. *Mother's Maiden Name*	Margaret Brown
7. *Mother's Birthplace*	Wales
8. *Full Name of Father*	Wm Langley
9. *Father's Occupation*	Wagon Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E Simms
Address	1032 E Washington Ldg.
Remarks	F.P.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26088

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 1st 1878
4. Place of Birth (Street and Number)	357 West Street
5. Full Name of Mother	Katherina Berkel
6. Mother's Maiden Name	" Meier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Dietrich Berkel
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Katherina Münch
Address	98 Lodenhall St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26089

HEALTH DEPARTMENT
AUG
3
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 1 Aug
4. *Place of Birth (Street and Number)* 16 Stemmler
5. *Full Name of Mother* Barbara Wiedmann
6. *Mother's Maiden Name* " Schmidt
7. *Mother's Birthplace* Wirtemburg Germany
8. *Full Name of Father* John Wiedmann
9. *Father's Occupation* Gilt Manufacturer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Henry Koch

Address

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26090

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
12
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	16th child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	august 2d
4. *Place of Birth (Street and Number)*	126 york st
5. *Full Name of Mother*	anna parmer
6. *Mother's Maiden Name*	anna nock
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	smith parmer
9. *Father's Occupation*	labour
10. *Father's Birthplace*	acamack county va
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 phips court
Remarks	full thy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Within ten days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26091

HEALTH DEPARTMENT
AUG 12 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 2nd
4. Place of Birth (Street and Number) Baltimore Monument st 460
5. Full Name of Mother Mary Gresford
6. Mother's Maiden Name Mary Parr
7. Mother's Birthplace England
8. Full Name of Father George W W Gresford
9. Father's Occupation Coach blacksmith
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Margarette McManus

Address [illegible]

Remarks [illegible]

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26092

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. AUG 1918 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 1 August 1918
4. *Place of Birth (Street and Number)* No 8 [illegible] Ave
5. *Full Name of Mother* Lizzie [illegible] Yellow
6. *Mother's Maiden Name* Lizzie [illegible] Yellow
7. *Mother's Birthplace* Churchill Virginia
8. *Full Name of Father* Eddie [illegible]
9. *Father's Occupation* Black [illegible]
10. *Father's Birthplace* Carlisle Ky Churchill

Name of Medical Attendant, or other Person who makes this return Dunn

Address [illegible]

Remarks No 12 Front Ave

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26093

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 ~~Female~~ Male
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	2 August
3. Date of Birth	August 2 No 20 Mott St
4. Place of Birth (Street and Number)	Catharine Whaler
5. Full Name of Mother	Bader
6. Mother's Maiden Name	Baltimore
7. Mother's Birthplace	John Whaler
8. Full Name of Father	Plumber
9. Father's Occupation	Richmond Va
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrissinger
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

216094

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG. 6 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 2nd 1878
4. Place of Birth (Street and Number)	25 Newcastle st
5. Full Name of Mother	Mollie J. Gilbert
6. Mother's Maiden Name	Mollie J. Jenkins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	A. J. Gilbert
9. Father's Occupation	Store keeper
10. Father's Birthplace	Hartford Conn
Name of Medical Attendant, or other Person who makes this Return	Theodore Cooke M D.
Address	
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26095

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Aug 2. 1878.
4. Place of Birth (Street and Number)	631 N. Paca St.
5. Full Name of Mother	Annie Welsh
6. Mother's Maiden Name	Riley.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Timothy Welsh
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan
Address	175 Saratoga St.
Remarks	

RETURN OF A BIRTH.

26096

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 2d 1878
4. Place of Birth (Street and Number)	81 Washington St
5. Full Name of Mother	Anna Dorn
6. Mother's Maiden Name	Kaas
7. Mother's Birthplace	U.S.
8. Full Name of Father	Chas Dorn
9. Father's Occupation	Varnisher
10. Father's Birthplace	U.S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cosby
Address	52 E. Lombard
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26097

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* August 2nd 1878
4. *Place of Birth (Street and Number)* No 14 S Eden St
5. *Full Name of Mother* Susan E Hamilton
6. *Mother's Maiden Name* Sarah E Hansbury
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Geo D Hamilton
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Poole Maryland

Name of Medical Attendant, or other Person who makes this return J Ridgway Andrew M.D

Address 1 South E Bpeto St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26098

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2, and
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 2 and
4. Place of Birth (Street and Number)	38 Harford Ave
5. Full Name of Mother	Kate Worden
6. Mother's Maiden Name	Kate Kearney
7. Mother's Birthplace	[redacted] Balto City [redacted]
8. Full Name of Father	Thos Laro. Worden.
9. Father's Occupation	Sewing Machinesist
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Sarah Worden
Address	Aisquith St near Chase
Remarks	

Within six days thereafter, within the city of Baltimore, shall report to the registrar aforesaid, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26099

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 3 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 2nd
4. Place of Birth (Street and Number)	#600 Carey st
5. Full Name of Mother	Mary Elizabeth Mc Clintock
6. Mother's Maiden Name	" " Cowan
7. Mother's Birthplace	Balto city
8. Full Name of Father	Matthew Mc Clintock Jr
9. Father's Occupation	Merchant
10. Father's Birthplace	Balto city
Name of Medical Attendant, or other Person who makes this Return	A. Ransone M.D.
Address	N.W. Cor Biddle & Georgetts
Remarks	

RETURN OF A BIRTH.

26100

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 19 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The fourth
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	White "
3. Date of Birth	2 th of August 1878
4. Place of Birth (Street and Number)	Corner Mill & Thames Street
5. Full Name of Mother	Margie Meyers
6. Mother's Maiden Name	Margie Dortch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Meyers
9. Father's Occupation	Restaurant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dorntler
Address	60 Schroder
Remarks	

RETURN OF A BIRTH.

26101

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

AUG 19 1878

BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	2 Mail
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 2 1878
4. Place of Birth (Street and Number)	Baltimor Sarah st 1133
5. Full Name of Mother	Caroline Raul
6. Mother's Maiden Name	Caroline Steeg
7. Mother's Birthplace	germany
8. Full Name of Father	John godfrey Rall
9. Father's Occupation	Porter
10. Father's Birthplace	germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs D Freiburger
Address	No 80 Monroe st
Remarks	

RETURN OF A BIRTH.

26102

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Friday August 2d. 1878
4. Place of Birth (Street and Number)	206 Lee Street
5. Full Name of Mother	Anna Bertha Willing
6. Mother's Maiden Name	born Kraee
7. Mother's Birthplace	Magdeburg Germany
8. Full Name of Father	Christian Louis Rudolph Willing
9. Father's Occupation	Engineer
10. Father's Birthplace	Berlin Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	185 N. Howard
Remarks	No 12 Linden Ave Mt Auburn

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26103

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	August 2nd 1878
4. *Place of Birth (Street and Number)*	9 George St
5. *Full Name of Mother*	Mary Jane Kenny
6. *Mother's Maiden Name*	O'Lavenduer
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Wm F. Kenny
9. *Father's Occupation*	Stone Cutter
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Annie Meisenzahl (Midwife)
Address	220 Preston St
Remarks	

Within six days after the birth of any child in Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 26104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

BOARD OF HEALTH BALTIMORE AUG 9 1878

Every Physician in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Aug: 3. 1878.
4. *Place of Birth (Street and Number)*	O. Lombard str 259.
5. *Full Name of Mother*	Margaretha Meng
6. *Mother's Maiden Name*	Sauer
7. *Mother's Birthplace*	Bottelsdorf Bavern
8. *Full Name of Father*	Andreas Meng
9. *Father's Occupation*	Lebner
10. *Father's Birthplace*	Grullendorf Bavern
Name of Medical Attendant, or other Person who makes this Return	Mrs. Johanna Baumgarth
Address	S. Wolf str No 28.
Remarks	Undwife

RETURN OF A BIRTH.

26105

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4te child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 8 of August
4. Place of Birth (Street and Number)	No 348 Central ave
5. Full Name of Mother	Maggie Neville
6. Mother's Maiden Name	Maggie Dragoon
7. Mother's Birthplace	Germany
8. Full Name of Father	Gabl Gabob Dragoon
9. Father's Occupation	Dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	No Lancer (Dalton 1878
Remarks	In Hefor ave the 8 of August

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26106

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
10
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) African
3. Date of Birth Aug 3d 1878
4. Place of Birth (Street and Number) No 62 Josephine Court
5. Full Name of Mother Maria Louisa Williams
6. Mother's Maiden Name " " Harridge
7. Mother's Birthplace Balto
8. Full Name of Father Robt J Williams
9. Father's Occupation Laborer in Livery Stable
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. [redacted] McCauley

Address [redacted] 10 Penna Ave

Remarks

Every birth occurring in any city, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26107
26108

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every Physician, Midwife, or other person in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4th & 5th

1. *Sex (state whether Male or Female)* 2 males
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3d day of August 1878
4. *Place of Birth (Street and Number)* Ohio nr 17th St E. Cor Mich Ave.
5. *Full Name of Mother* Maggie Meyer
6. *Mother's Maiden Name* " Baetzel
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Isaac Meyer
9. *Father's Occupation* Saloon keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. D. W. Weldman M. D.

Address 120 East Ho. Baltimore

Remarks Twins one alive one Still Born

RETURN OF A BIRTH.

26109

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

WITHIN SIX days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their plysical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	august 3d
4. *Place of Birth (Street and Number)*	no 66 Russell st
5. *Full Name of Mother*	Sarah grace
6. *Mother's Maiden Name*	Sarah Leese
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	louis grace
9. *Father's Occupation*	labour
10. *Father's Birthplace*	colbert county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 pratt st corner
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

216110

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 3d 1878
4. *Place of Birth (Street and Number)* 116 n. Bond str.
5. *Full Name of Mother* Kathriene Witwert
6. *Mother's Maiden Name* Kathr. Krucks
7. *Mother's Birthplace* Baltimore Cont.
8. *Full Name of Father* Carl C. Witwert
9. *Father's Occupation* Grabler Agent
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 n Bond str.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96111

1N

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colure
3. *Date of Birth* 3th of August
4. *Place of Birth (Street and Number)* Durham Head No 303.
5. *Full Name of Mother* Charlotte James.
6. *Mother's Maiden Name* Charlotte Lee.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Lacis
9. *Father's Occupation* Laboring
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Elizabeth Paul.

Address Mercy.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2112

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Every Physician, Midwife, or any other person, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	W
3. Date of Birth	August 3 rd. 1878
4. Place of Birth (Street and Number)	247 Back
5. Full Name of Mother	Eliza Brown
6. Mother's Maiden Name	Eliza Garrett
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles Brown
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	G L Wilkins M.D.
Address	147 So Gay Street
Remarks	

26113

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	3 Aug 1878
4. Place of Birth (Street and Number)	4 Watson Court
5. Full Name of Mother	Catherine Merzdorf Kahler
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Valentine Merzdorf
9. Father's Occupation	Weaver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Jos. L. Casper
Address	53 E. Pratt
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

261114

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	3d Aug 1878
4. Place of Birth (Street and Number)	5-6 Pratt St.
5. Full Name of Mother	Anna Maria Hubbs
6. Mother's Maiden Name	A. J. Kurzberger
7. Mother's Birthplace	U.S.
8. Full Name of Father	Henry Hubbs
9. Father's Occupation	Laborer
10. Father's Birthplace	U.S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E Lombard
Remarks	

RETURN OF A BIRTH.

26115

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
14
1878
BALTIMORE

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	3 August
4. *Place of Birth (Street and Number)*	307 West St.
5. *Full Name of Mother*	Kate Johnsidt
6. *Mother's Maiden Name*	Hinkeler
7. *Mother's Birthplace*	Kentucky
8. *Full Name of Father*	John Henry Johnsidt
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kohl
Address	328 South Eutaw St
Remarks	

26116

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 3rd
4. *Place of Birth (Street and Number)* 106 Lee St
5. *Full Name of Mother* Kate Krippe
6. *Mother's Maiden Name* Mueller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Krippe
9. *Father's Occupation* Salesman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Kahn

Address 328 South Eutaw St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* June 3
4. *Place of Birth (Street and Number)* Baltimore A-19 Stockholm st
5. *Full Name of Mother* Frances Johnson
6. *Mother's Maiden Name* [illegible] Smith
7. *Mother's Birthplace* Richmond Virginia
8. *Full Name of Father* Edward Johnson
9. *Father's Occupation* Brickmaker
10. *Father's Birthplace* Richmond Virginia

Name of Medical Attendant, or other Person who makes this Return Angeline Wilson

Address 342 Cross Street

Remarks

Every Householder or Head of Family, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26118

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 4 August
4. *Place of Birth (Street and Number)* 16 China St.
5. *Full Name of Mother* Amelia Morand
6. *Mother's Maiden Name* Kraus
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Andrew Morand
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St.

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26119

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG 9 1878 HEALTH DEPARTMENT BALTIMORE

Every Physician or Midwife attending upon any case within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 4th
4. Place of Birth (Street and Number)	369 Broad
5. Full Name of Mother	Maria Amelia Conway
6. Mother's Maiden Name	do do Jamb
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robt J Conway
9. Father's Occupation	Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

RETURN OF A BIRTH.

26120

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every Physician, Midwife, Nurse, or other person having charge of or rendering assistance at the birth of a child in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 4 1878
4. Place of Birth (Street and Number)	327 East Monument
5. Full Name of Mother	Maggie V King
6. Mother's Maiden Name	Maggie V Warner
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Samuel R King
9. Father's Occupation	Police
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	378 East Monument
Remarks	

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

RETURN OF A BIRTH.

26121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Second~~ 4 Child

1. Sex (state whether Male or Female) ~~Female~~ Male
2. Race or Color (if not of the white race) White
3. Date of Birth 4th august
4. Place of Birth (Street and Number) Baltimore Lexington Ave 84
5. Full Name of Mother Mary Sewell
6. Mother's Maiden Name Mary Colton
7. Mother's Birthplace Baltimore
8. Full Name of Father Joseph Sewell
9. Father's Occupation Commission Merchant
10. Father's Birthplace Calvert County

Name of Medical Attendant, or other Person who makes this return Louis Wiley

Address N12 Putnam Park avenue

Remarks

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Within ten days from the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26122

HEALTH DEPARTMENT AUG 12 1873 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth August 4th
4. Place of Birth (Street and Number) 207 Constitution street
5. Full Name of Mother Lizzie Bellamy
6. Mother's Maiden Name Lizzie Millar
7. Mother's Birthplace Baltimore Md
8. Full Name of Father George A Bellamy
9. Father's Occupation Engineer
10. Father's Birthplace Winchester Virginia

Name of Medical Attendant, or other Person who makes this return Margaret A Brown

Address 207 North Eutaw near Lexington

Remarks Alive Big Baby Dangerous

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26123

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

Within six days thereafter, within the City of Baltimore, shall report to the registrar aforesaid, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 5th 1878.
4. *Place of Birth (Street and Number)* No 118 East Pratt st
5. *Full Name of Mother* Caroline Frank
6. *Mother's Maiden Name* .... Meisel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William Frank
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mr Goetzke

Address No 15 S. Bond st

Remarks

RETURN OF A BIRTH.

26124

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every Physician or Midwife in attendance upon any Child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 4th 1878.
4. *Place of Birth (Street and Number)* No 68 Gough st
5. *Full Name of Mother* Mary Fink
6. *Mother's Maiden Name* M. Myer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Yost Fink
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Gorlitz

Address No 35 S. Bond st

Remarks

RETURN OF A BIRTH.

26125

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. AUG 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two Children
1. Sex (state whether Male or Female) Females
2. Race or Color (if not of the white race) White
3. Date of Birth August 4th 1878
4. Place of Birth (Street and Number) 180 Mc Henry St Baltimore
5. Full Name of Mother Mrs Mary Ann Healy
6. Mother's Maiden Name Mary Ann Hussey
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father Coman Healy
9. Father's Occupation Laborer
10. Father's Birthplace Ireland
Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane Mercer
Address 156 Mc Henry St Baltimore Md
Remarks

The Undertaker or any other person, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26126

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Girle
2. Race or Color (if not of the white race) Withe
3. Date of Birth 4 August
4. Place of Birth (Street and Number) 214 Wolfe Street
5. Full Name of Mother Agnes Wagner
6. Mother's Maiden Name Bleel
7. Mother's Birthplace Baltimore
8. Full Name of Father Karl Bleel
9. Father's Occupation — — — — —
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Merie Güttner

Address Wolfe Stret 245

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

It shall be the duty of any Coroner, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26127

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 1st 1878
4. *Place of Birth (Street and Number)*	No 14 Stocker West
5. *Full Name of Mother*	Maggie Heagner
6. *Mother's Maiden Name*	Maggie Dotter
7. *Mother's Birthplace*	Bayern Bayern
8. *Full Name of Father*	Anselm Heagner
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Bayern
Name of Medical Attendant, or other Person who makes this return	
Address	E. Dehewitt
Remarks	No 176 Pennsylvania Ave

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26128

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 4th
4. Place of Birth (Street and Number)	74 Harford Ave
5. Full Name of Mother	Mary Ann Ward
6. Mother's Maiden Name	" " Kealey
7. Mother's Birthplace	Pennsylvania
8. Full Name of Father	John Ward
9. Father's Occupation	Fireman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whelidge
Address	
Remarks	

Section 4. The birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Every Physician or Midwife in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26129

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 4. 1878
4. *Place of Birth (Street and Number)* N. Front St. No. 109.
5. *Full Name of Mother* Johanna Peirtz
6. *Mother's Maiden Name* Johanna Fitsch
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Nicolaus Peirtz
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

RETURN OF A BIRTH.

26130.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 6 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third,
1. Sex (state whether Male or Female) Male,
2. Race or Color (if not of the white race) White,
3. Date of Birth Aug 4th 1878.
4. Place of Birth (Street and Number) N. Stricker St.
5. Full Name of Mother Georgiana Kugler.
6. Mother's Maiden Name Hipsley.
7. Mother's Birthplace Baltimore Co. Md.
8. Full Name of Father Frank J. Kugler.
9. Father's Occupation Clerk in C. H.
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. H. R. Stetterhoff M. D.
Address 77 George St.
Remarks

Every Physician or Midwife in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96131

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

The Father or Mother of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	4 Aug 1878
4. Place of Birth (Street and Number)	125 Spring St.
5. Full Name of Mother	Katherina Roth
6. Mother's Maiden Name	" Weber
7. Mother's Birthplace	Germany
8. Full Name of Father	John Roth
9. Father's Occupation	Cooper
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	Sarah Cooper
Address	52 E. Lombard
Remarks	

CHILD NAME ADDED, 2-4-5-5

RETURN OF A BIRTH.

26132

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

Bessie Elizabeth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 4th 1878
4. Place of Birth (Street and Number) 51 Burgundy Alley
5. Full Name of Mother Mary Elizabeth Elsey
6. Mother's Maiden Name
7. Mother's Birthplace Balto City
8. Full Name of Father Frank Elsey
9. Father's Occupation Waiter
10. Father's Birthplace Caroline County Md

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

The Parent or Head of any Family, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26133

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 4 1878
4. Place of Birth: (Street and Number)	196. Montgomery
5. Full Name of Mother	A. E. Jones
6. Mother's Maiden Name	A. E. Caldwell
7. Mother's Birthplace	City
8. Full Name of Father	Lew Jones
9. Father's Occupation	Glass Blower
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D
Address	17 Hanover av
Remarks	

Every Physician or Midwife, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26134

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE CITY

Every Physician, Midwife, or other person who shall attend upon any case of birth within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Aug 4 78
4. Place of Birth (Street and Number)	fullonst 39
5. Full Name of Mother	Sophie Klink
6. Mother's Maiden Name	Munnighausen
7. Mother's Birthplace	~~Germania Prussia~~ Baltimore
8. Full Name of Father	Frank Klink
9. Father's Occupation	Varnisher
10. Father's Birthplace	~~Germania Prussia~~ Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dumler 60 Fitzroler
Address	F Klink No 34 fullonst Balto Md
Remarks	non

Within six days after the birth, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26135

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEP
AUG
14
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fisst

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth Aug 14th
4. Place of Birth (Street and Number) Baltimore 303 Fawley st
5. Full Name of Mother Annie Mare
6. Mother's Maiden Name " Griffith
7. Mother's Birthplace Baltimore
8. Full Name of Father Richard Mare
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Annie Wilson

Address

Remarks

RETURN OF A BIRTH.

26136

To the Office of Registrar of Vital Statistics, Board of Health,

SEP 13 1878

BALTIMORE CITY.

Returns are to be made, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. ~~Sex (state whether Male or Female)~~

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 4th 1878

4. Place of Birth (Street and Number) 131 E. Eager St. Balt.

5. Full Name of Mother Margaret Martha McGinn

6. Mother's Maiden Name " " Haney

7. Mother's Birthplace Ireland

8. Full Name of Father John McGinn

9. Father's Occupation Hackman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Gerrit H Hopson

Address 18 Augusta St

Remarks

Every Physician, Midwife, or other person having charge of any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26137

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 4th
4. *Place of Birth (Street and Number)* 361 McDonogh St
5. *Full Name of Mother* Mary J Dobbs
6. *Mother's Maiden Name* Mary J Butt
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George H Dobbs
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 185 E. cor. of Monument & Central ave.

Remarks Well.

RETURN OF A BIRTH.

26138

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th August
4. Place of Birth (Street and Number)	14 Franklin St
5. Full Name of Mother	Mary E Lynch
6. Mother's Maiden Name	Whittaker
7. Mother's Birthplace	Abbey Vic
8. Full Name of Father	Jeremiah Lynch
9. Father's Occupation	Sugar Hooker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Christmas
Address	No 7 Forrest Place
Remarks	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26139

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

The Return of any Birth, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	5th August
4. Place of Birth (Street and Number)	Mary J Murphy
5. Full Name of Mother	Quinn
6. Mother's Maiden Name	48 Hanford Alley
7. Mother's Birthplace	Baltimore Patrick Murphy
8. Full Name of Father	Dep Sheriff
9. Father's Occupation	Ireland
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Arnold J Chrismer
Address	No 7 Fennett Place
Remarks	

RETURN OF A BIRTH.

26140

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

The Physician, Midwife, or other person having charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	5th August
4. *Place of Birth (Street and Number)*	71 North St
5. *Full Name of Mother*	Bridget Fahey
6. *Mother's Maiden Name*	Conroy
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Thomas Fahey
9. *Father's Occupation*	Malt House
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Schnitzer
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

96141

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP. AUG 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 5th 1878
4. Place of Birth (Street and Number)	No 154 Choptank St
5. Full Name of Mother	Elizabeth Hartlove
6. Mother's Maiden Name	Elizabeth Englies
7. Mother's Birthplace	Baltimore Maryland
8. Full Name of Father	George Hartlove
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wilcox
Address	No 13 Patterson Park Avenue
Remarks	

Duties of the Mother of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Every Physician or Midwife in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 5th 1878
4. *Place of Birth (Street and Number)* 67 Hillen Str.
5. *Full Name of Mother* Mary A. Miller
6. *Mother's Maiden Name* A. Brome
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Miller
9. *Father's Occupation* Cutler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dina Hellegeist

Address 182 e. Monument Str

Remarks

RETURN OF A BIRTH.

26143

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 5th
4. Place of Birth (Street and Number)	231 Lemmon St.
5. Full Name of Mother	Margaret Devereux
6. Mother's Maiden Name	" Asphell
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thos. Devereux
9. Father's Occupation	Porter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	H. L. Harris M.D.
Address	379 W. Lombard St.
Remarks	

Service at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26114

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	16th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth:	Aug 5th 1878
4. Place of Birth (Street and Number)	2 W Forrest St City
5. Full Name of Mother	Harriet Foreman
6. Mother's Maiden Name	Harriet Smith
7. Mother's Birthplace	Port Deposit
8. Full Name of Father	Joshua Foreman
9. Father's Occupation	Deck hand
10. Father's Birthplace	Port Deposit
Name of Medical Attendant, or other Person who makes this Return.	Dr A. N. Grayson
Address	18 Fisquith St
Remarks	

...arrive at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26114 5

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 5 th
4. Place of Birth (Street and Number)	81 Borough
5. Full Name of Mother	Rebecca Louisa Beck
6. Mother's Maiden Name	~~Louisa Rebecca~~ Schmitter
7. Mother's Birthplace	Fairmount W Va
8. Full Name of Father	Philip Schmitter
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

...ays at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 1 1878
4. Place of Birth (Street and Number)	No 96 Wilkes st
5. Full Name of Mother	Elizabeth Johnson
6. Mother's Maiden Name	Elizabeth Isbell
7. Mother's Birthplace	Worcester Co Md
8. Full Name of Father	William Johnson
9. Father's Occupation	Laborer
10. Father's Birthplace	Va Richmond
Name of Medical Attendant, or other Person who makes this Return.	Dr Keith
Address	No 198 S. Dallas st
Remarks	Fully & This date Dec 1878

Dead

...wise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 a
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 3rd
4. Place of Birth (Street and Number)	No 1 Ladenhall St.
5. Full Name of Mother	Katherina Magenhofel
6. Mother's Maiden Name	" " Reise
7. Mother's Birthplace	Germany
8. Full Name of Father	Thobias Magenhofel
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Katherina Munch
Address	98 Ladenhall St
Remarks	

It is the duty of the Father of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 6 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Second
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 5th 1878
4. *Place of Birth (Street and Number)*	72 Pennsylvania Ave.
5. *Full Name of Mother*	Caroline Kolbhenn
6. *Mother's Maiden Name*	Joh
7. *Mother's Birthplace*	Balto City
8. *Full Name of Father*	Wm Kolbhenn
9. *Father's Occupation*	Shoe Manufacturer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. H. Christian M.D.
Address	431 Penna. Ave.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 Sec. Child

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Col.
3. Date of Birth 6th August
4. Place of Birth (Street and Number) 113 York St
5. Full Name of Mother Lucy A. Haywood
6. Mother's Maiden Name Lucy A. Harris
7. Mother's Birthplace Essex Co. Va
8. Full Name of Father John Haywood
9. Father's Occupation Cook
10. Father's Birthplace Charles Co. Va

Name of Medical Attendant, or other Person who makes this return Sarah Wilson

Address 252 Hughes St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT AUG 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 6 Aug 78.
4. Place of Birth (Street and Number) N: 32 Townsend St.
5. Full Name of Mother Rita Holewecier.
6. Mother's Maiden Name Walter.
7. Mother's Birthplace Germany.
8. Full Name of Father Jos. Holewecier.
9. Father's Occupation Label.
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return

Address Johann Schulte

Remarks 1202 Alice ann St.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 9 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 6 Aug. 78.
4. *Place of Birth (Street and Number)* 138 Castle St.
5. *Full Name of Mother* Caroline Perry.
6. *Mother's Maiden Name* Lamsy.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Aug. Perry.
9. *Father's Occupation* Laber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return

Address Johann Schulte

Remarks No 302 Aliceanna St.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Her 2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Her 6 August 1878
4. Place of Birth (Street and Number)	No 284 Lisquith St.
5. Full Name of Mother	Catherine Hunt
6. Mother's Maiden Name	Catherine Blatkamp
7. Mother's Birthplace	Saxony Germany
8. Full Name of Father	John Blatkamp
9. Father's Occupation	Hucksterman
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Sauer Balto Md.
Remarks	172 173 Harford ave

Notice is the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex ~~(state whether Male or Female)~~ Male
2. Race or Color ~~(if not of the white race)~~ White
3. Date of Birth Augt. 6th 8-9. P.M.
4. Place of Birth (Street and Number) S.W. Cor Frost & St. Mary Fosters Alley
5. Full Name of Mother Ellen Clarke
6. Mother's Maiden Name do White
7. Mother's Birthplace Ireland — County — Armagh
8. Full Name of Father John Clarke
9. Father's Occupation Car driver (B.P.R. & W.R.R.)
10. Father's Birthplace Ireland — County — Mayo —

Name of Medical Attendant, or other Person who makes this Return. A. A. Crof Grad!

Address 143 Dennead St

Remarks Mother & Child do well —

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

11 26154

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

Rule at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, etc.) 1st

1. Sex (state whether Male or ~~Female~~) White

2. Race or Color (if not of the white race) August 6th

3. Date of Birth 39 Parkin St.

4. Place of Birth (Street and Number) Maggie Jones

5. Full Name of Mother " Foster

6. Mother's Maiden Name Balto Md

7. Mother's Birthplace Edw. F. Jones

8. Full Name of Father Salesman

9. Father's Occupation Balto Md

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. H. L. Skinner M.D.

Address 379 W. Lombard

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26755.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	august 6 1878
4. *Place of Birth (Street and Number)*	18 present alley
5. *Full Name of Mother*	mary knox
6. *Mother's Maiden Name*	mary fleyrun
7. *Mother's Birthplace*	ireland
8. *Full Name of Father*	richard knox
9. *Father's Occupation*	police officer
10. *Father's Birthplace*	ireland
Name of Medical Attendant, or other Person who makes this return	Rachel ann garrett
Address	433 aliceanna st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. AUG 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 6th
4. Place of Birth (Street and Number)	264 Hanover St.
5. Full Name of Mother	Elizabeth Smith
6. Mother's Maiden Name	Kitteman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph A. Smith
9. Father's Occupation	Locksmith & Bellhanger
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Baltimore Wm[illegible]
Address	98 Lombard Wm[illegible]
Remarks	

Notice. The Physician, Midwife, or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

1 26157

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

RECEIVED AUG 13 1878 BALTIMORE

Every case of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 6th August 1878
4. *Place of Birth (Street and Number)* 52 E. Lombard Street
5. *Full Name of Mother* Carolina Ebstein
6. *Mother's Maiden Name* Rosenfeld
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Ebstein
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E. Lombard Street

Remarks

RETURN OF A BIRTH.

26158

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	August 6 d. 1878
4. *Place of Birth (Street and Number)*	23 Schmidt str.
5. *Full Name of Mother*	Karolien Brussing
6. *Mother's Maiden Name*	K. Kimmel
7. *Mother's Birthplace*	Baltimor
8. *Full Name of Father*	Johan H. Brussing
9. *Father's Occupation*	Kabenetmaker
10. *Father's Birthplace*	Germane
Name of Medical Attendant, or other Person who makes this Return.	Marie R. Rudiger
Address	134 S. Bond St.
Remarks	

...ance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26159

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

Every Birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 August
4. Place of Birth (Street and Number)	189 Monument St
5. Full Name of Mother	Emma Brian
6. Mother's Maiden Name	Meynell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John W Brian
9. Father's Occupation	Brick Layer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. T. Thompson
Address	No 7 Jones Place
Remarks	

RETURN OF A BIRTH.

26160

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6 August
4. Place of Birth (Street and Number)	19 Forrest Place
5. Full Name of Mother	Alice Phillips
6. Mother's Maiden Name	Bachman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Isaac Phillips
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ursula Gehrmann
Address	No 7 Forrest Place
Remarks	

...ance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26161

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	August 6th 1878
4. *Place of Birth (Street and Number)*	#24 Stockton St
5. *Full Name of Mother*	M A Rush
6. *Mother's Maiden Name*	" " Manina
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	George H Rush
9. *Father's Occupation*	Paper Hanger
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Annie Glauenzeke (Col.)
Address	220 Pine Alley
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26162.

51

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August 6 1878
4. *Place of Birth (Street and Number)* No 10 Christ Street
5. *Full Name of Mother*
6. *Mother's Maiden Name* Eliza Ann Black
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Joseph Watkins
9. *Father's Occupation* Day Laborer
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return Charlotte Tilton

Address

Remarks Baltimore Maryland

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26163

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 7 August
4. *Place of Birth (Street and Number)* Balair Road
5. *Full Name of Mother* Christine Unger
6. *Mother's Maiden Name* Ruhl
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Lieutenant Unger
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 1070 Eironly Street

Remarks

...ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

96164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. AUG 9 1878 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	7 Aug 78
4. *Place of Birth (Street and Number)*	404 Canton Av.
5. *Full Name of Mother*	Loise Schroder.
6. *Mother's Maiden Name*	Fridrik
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Fred Schroder
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Germany.
Name of Medical Attendant, or other Person who makes this return	
Address	Johann Schultz
Remarks	602 Aliceann St

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26165

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Births at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Boy Child

1. Sex (state whether Male or Female) It is a Boy
2. Race or Color (if not of the white race) It is White Race
3. Date of Birth 7 August 1878
4. Place of Birth (Street and Number) Baltimore ann St No 12
5. Full Name of Mother Augusta walker
6. Mother's Maiden Name Glorkleie
7. Mother's Birthplace Bohama
8. Full Name of Father Joseph Lee Corbor
9. Father's Occupation Laborer
10. Father's Birthplace Bohama

Name of Medical Attendant, or other Person who makes this Return. I Mary Kupkie

Address

Remarks Joseph Cooper witness

RETURN OF A BIRTH.

26166

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth august 7 1878
4. Place of Birth (Street and Number) 419 alicean na st
5. Full Name of Mother Lena Store
6. Mother's Maiden Name Lena Oga
7. Mother's Birthplace germany
8. Full Name of Father Jacob Store
9. Father's Occupation can maker
10. Father's Birthplace germany

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 423 alicean na st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

delivered at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 7th 1878
4. *Place of Birth (Street and Number)* 150 N. Gay Str.
5. *Full Name of Mother* Marie Klein
6. *Mother's Maiden Name* x — Illegitimate Child
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Heinrich Schmitz
9. *Father's Occupation* Schmidt
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Marie R. Ruiger

Address 134 N Bond Str

Remarks

RETURN OF A BIRTH.

26168

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) M.
2. Race or Color (if not of the white race)
3. Date of Birth August 7th 1878
4. Place of Birth (Street and Number) 37 S. Eden St
5. Full Name of Mother Lottie Strauss
6. Mother's Maiden Name Lottie Rhodes
7. Mother's Birthplace Md.
8. Full Name of Father Joseph Strauss
9. Father's Occupation Brewer
10. Father's Birthplace
Name of Medical Attendant, or other Person who makes this Return. Charles M. Morfit M.D.
Address 64 East Baltimore Street
Remarks Vertex - 1st Position.

adrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26169

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

advise of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 7th 1878
4. Place of Birth (Street and Number)	81 Garden Street.
5. Full Name of Mother	Celia Crawford -
6. Mother's Maiden Name	Celia Brown
7. Mother's Birthplace	Baltimore - Md.
8. Full Name of Father	Moses Crawford
9. Father's Occupation	Oyster
10. Father's Birthplace	Baltimore -
Name of Medical Attendant, or other Person who makes this Return.	A. T. Bell M.D.
Address	306 Madison Avenue.
Remarks	

RETURN OF A BIRTH.

26170

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colas
3. Date of Birth	August 7
4. Place of Birth (Street and Number)	Baltimore No 11 Howes Court
5. Full Name of Mother	Margrit Johnson
6. Mother's Maiden Name	
7. Mother's Birthplace	Calrat Country
8. Full Name of Father	Joseph Johnson
9. Father's Occupation	Coach Grmand
10. Father's Birthplace	Annearall country
Name of Medical Attendant, or other Person who makes this Return.	Mrs Carline Tinke
Address	No 9 Howes Court
Remarks	

solvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26171

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7th day of Aug.
4. Place of Birth (Street and Number)	Collington Ave. Extended
5. Full Name of Mother	Elizabeth Ruppert
6. Mother's Maiden Name	Brown.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Ruppert
9. Father's Occupation	Cooper.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who Delivered this Return.	Mary A Pestner.
Address	59 S. Madeira Alley.
Remarks	In good health.

RETURN OF A BIRTH.

26172

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth August 7th
4. Place of Birth (Street and Number) #194 N Eden St
5. Full Name of Mother Mary Luckel
6. Mother's Maiden Name Mary Echer
7. Mother's Birthplace Baltimore Md
8. Full Name of Father James E Luckel
9. Father's Occupation Stone Cutter
10. Father's Birthplace Baltimore Md
Name of Medical Attendant, or other Person who makes this Return. Isabella Elser
Address #286 E. Monument St
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21173

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7. August 1878
4. Place of Birth (Street and Number)	241 N Bond St
5. Full Name of Mother	Mary Margerete Weinzierl
6. Mother's Maiden Name	Mary Margerete May
7. Mother's Birthplace	Baltimore ~~Maryland~~, City
8. Full Name of Father	Angust Conrad Weinzierl
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt
Address	No 155 E. or. Monument & 4 Central ave.
Remarks	Well

...shall be at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26174

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 7th August 1878

4. Place of Birth (Street and Number) 508 Pennsylvania Avenue

5. Full Name of Mother Maria Freidenberger

6. Mother's Maiden Name Maria Lang

7. Mother's Birthplace Germany

8. Full Name of Father George Freidenberger

9. Father's Occupation Wheelright

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who [illegible] Midwife Theresa Eyeidinger

Address 111 Union st

Remarks

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26175

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 8th 1878.
4. *Place of Birth (Street and Number)* No. 15 N. Spring St
5. *Full Name of Mother* Kate Zittinger
6. *Mother's Maiden Name* Luft
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Zittinger
9. *Father's Occupation* Cutter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Gorsuch

Address No. 55 S Bond St

Remarks

RETURN OF A BIRTH.

26176

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH AUG 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8 August 1878
4. *Place of Birth (Street and Number)* 78 Granby Street
5. *Full Name of Mother* Elisabeth Geis
6. *Mother's Maiden Name* Lindenstruth
7. *Mother's Birthplace* U S
8. *Full Name of Father* Johan F Geis
9. *Father's Occupation* Tailor
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casner

Address 52 E Lombard Street

Remarks

Advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

26177

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 August
4. *Place of Birth (Street and Number)* No. 109 Jefferson St
5. *Full Name of Mother* Fannia Bümeder
6. *Mother's Maiden Name* Katz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Buemeder
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

CERTIFICATE CORRECTED 12-27-87

RETURN OF A BIRTH.

26178

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: Wina Walther

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	~
3. Date of Birth	8 August
4. Place of Birth (Street and Number)	126 Iceland St.
5. Full Name of Mother	Maggie (Walter) Walther
6. Mother's Maiden Name	" Bücker
7. Mother's Birthplace	Hessen - Darmstadt Germany
8. Full Name of Father	Henry (Walter) Walther
9. Father's Occupation	Tobacco Worker
10. Fother's Birthplace	Hessen - Darmstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	928 South Eutaw St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26179

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, &c.)

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth Aug 8th 1878.

4. Place of Birth (Street and Number) 338 E. Lignum St

5. Full Name of Mother Mary E. Chaney

6. Mother's Maiden Name Mary E. Boyce

7. Mother's Birthplace Baltimore County.

8. Full Name of Father Charles B. Lehmeyer.

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. John A. R. Kroger M.D.

Address " " "

Remarks

Dave 26180

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

Name of Child: Annie B. Klehm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth August the. 8. 1878
4. Place of Birth (Street and Number) Eastern Av. No 222.
5. Full Name of Mother Karoline Klehm
6. Mother's Maiden Name Karolina Welder
7. Mother's Birthplace Baltimore City
8. Full Name of Father Adam Klehm
9. Father's Occupation Tinner
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Müller

Address N. Dallas St. No 26.

Remarks

Advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26181

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Same
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 8th 1878
4. Place of Birth (Street and Number)	20 Fremont St.
5. Full Name of Mother	Mary Anna Blaney
6. Mother's Maiden Name	" Gallagher
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Frank M Blaney
9. Father's Occupation	Pharmaceutist
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	Wm T Lackie M D
Address	No 782 W Pratt St
Remarks	Male

RETURN OF A BIRTH.

24189

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 7th 1878
4. *Place of Birth (Street and Number)*	1124 Mc Hecken st
5. *Full Name of Mother*	Maggie Powell
6. *Mother's Maiden Name*	Maggie Junkoff
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Powell
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this return	E. Schmidt
Address	No 472 Lemmon Avenue
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

arise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26153

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of my child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third (3d)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Thursday Aug 8th 1878
4. *Place of Birth (Street and Number)* 21 Bath St
5. *Full Name of Mother* Alice Emma Sampson
6. *Mother's Maiden Name* Alice E. Peck
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William T. Sampson
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Elsmlee M.D.

Address 51 N Calvert Street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.6184

HEALTH DEPARTMENT
AUG 12 1876
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 8th 1876
4. *Place of Birth (Street and Number)* No 62 Gough st
5. *Full Name of Mother* Barbra Folkman
6. *Mother's Maiden Name* " " Blankner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Michel Blankner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S. Bond st

Remarks

RETURN OF A BIRTH.

26185

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth August 3rd 78

4. Place of Birth (Street and Number) No 183 Saratoga Street

5. Full Name of Mother Mary Adams Louise Gerdenbrace

6. Mother's Maiden Name Gerdenbrace

7. Mother's Birthplace Danzig (Prussia)

8. Full Name of Father Frederick Franz Hendricus

9. Father's Occupation Farmer & Sawyer

10. Father's Birthplace Danzig (Prussia)

Name of Medical Attendant, or other Person who makes this Return. Dr. Aug. Gerdenbrace (10 days)

Address No. 14.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26186

HEALTH DEPARTMENT AUG 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 u

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth Aug 7 78.

4. Place of Birth (Street and Number) Baibel St. No 10.

5. Full Name of Mother Christine Lysowsky.

6. Mother's Maiden Name Lambrowsky

7. Mother's Birthplace Prussia

8. Full Name of Father John Lysowsky

9. Father's Occupation Smith

10. Father's Birthplace Prussia

Name of Medical Attendant, or other Person who makes this Return. Amelie Gustenberger Midwife

Address Penn St. No 14.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26187

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex* (state whether Male or Female) Boy
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 8 August
4. *Place of Birth* (Street and Number) 221 Alice Ann Street
5. *Full Name of Mother* Chedwich Jendrzejewska
6. *Mother's Maiden Name* Ruthoska
7. *Mother's Birthplace* Wongrowiec Germany
8. *Full Name of Father* Josef Ruthowsky
9. *Father's Occupation* — — — —
10. *Father's Birthplace* Gotanca — — —

Name of Medical Attendant, or other Person who makes this return Merie Gittner

Address Wolfe Street 245

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26188

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPT. OF HEALTH
AUG 19 1878
BALTIMORE

ndrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug. 8th 1878.
4. Place of Birth (Street and Number)	No 22 Lemon St 6th
5. Full Name of Mother	Dorothea Langford
6. Mother's Maiden Name	Dorothy Kote Carroll Co. Md.
7. Mother's Birthplace	
8. Full Name of Father	William L. Langford.
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return	Anne Dandu 60 Kroter
Address	
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26189

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 5th
4. Place of Birth (Street and Number)	No 7. Wagon Alley
5. Full Name of Mother	Anna Wilkins
6. Mother's Maiden Name	Anna Lang
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Fredrick Wilkins
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Bückeburg Hanover Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anna Dumler 60 Schroeder
Remarks	

RETURN OF A BIRTH.

26190

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male
2. ~~Race or~~ Color (~~if not of the white race~~)
3. Date of Birth Aug 8 78
4. Place of Birth (Street and Number) 287 Hollins
5. Full Name of Mother Sarah Eliz Faibanks
6. Mother's Maiden Name Crane
7. Mother's Birthplace Richmond Va
8. Full Name of Father Francis Faibanks
9. Father's Occupation RR Clerk
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this return J M Bachman

Address 84 Eutaw

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ndance in any case of child-birth, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26191

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. AUG 13 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 9 August 1878
4. *Place of Birth (Street and Number)* 19 Bank Street
5. *Full Name of Mother* Catharina Ratsch
6. *Mother's Maiden Name* Kohler
7. *Mother's Birthplace* U. S.
8. *Full Name of Father* Dennis Ratsch
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 12 E. Lombard Street

Remarks

RETURN OF A BIRTH.

26192

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 10 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* [illegible]
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 9th 1878
4. *Place of Birth (Street and Number)* S. [illegible] Baltimore
5. *Full Name of Mother* Hannie Bellmire
6. *Mother's Maiden Name* Cook
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* John E. Bellmire
9. *Father's Occupation* Conductor [illegible] R.R.
10. *Father's Birthplace* Cumberland Md

Name of Medical Attendant, or other Person who makes this Return. [illegible] Spicer M.D.

Address 377 W Lombard St

Remarks

RETURN OF A BIRTH.

26193

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August 11th 9th 1878
4. *Place of Birth (Street and Number)* N. Caroline St. N° 57
5. *Full Name of Mother* Annie Dutton
6. *Mother's Maiden Name* Annie Brooks
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Dolphs Dutton
9. *Father's Occupation* Candy Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St N° 26.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

26194
26195

HEALTH DEPARTMENT
AUG 12 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 9th 1878.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th & 12th,
1. *Sex (state whether Male or Female)* two Males.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth* August 9th 1878.
4. *Place of Birth (Street and Number)* 30 Chester St.
5. *Full Name of Mother* Eva Hasslbeck.
6. *Mother's Maiden Name* Eva Kreller.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* George Hasslbeck.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return, Mrs. Mary Smend.
Address No. 137 Wolfe St.
Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26196

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 19 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	August 9th
4. Place of Birth (Street and Number)	City No. 20 Logan St.
5. Full Name of Mother	Fredricka Schuler
6. Mother's Maiden Name	[illegible] Lastens
7. Mother's Birthplace	Prussia
8. Full Name of Father	Peter Schuler
9. Father's Occupation	Tanner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jno. Clark
Address	No. 175 West Fratt St
Remarks	Satisfactory

RETURN OF A BIRTH.

26197

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 9th "
4. Place of Birth (Street and Number) No 20 Hillenman st
5. Full Name of Mother Mrs Mary McGuire
6. Mother's Maiden Name Mary Cagen
7. Mother's Birthplace County Galway Ireland
8. Full Name of Father Patrick McGuire
9. Father's Occupation Labors
10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return, Mrs Mary Ward
Address No 4 Webster alley
Remarks three children

RETURN OF A BIRTH.

26198

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP. AUG 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 9th 1878
4. Place of Birth (Street and Number)	N 44 Essex St
5. Full Name of Mother	Barbery Duke
6. Mother's Maiden Name	Barbery Stigmer
7. Mother's Birthplace	Germany
8. Full Name of Father	Fread Duke
9. Father's Occupation	Labor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Louisa C. Wiley
Address	123 Patterson Park Avenue
Remarks	

within ... days after the birth of ... to the ... within ... days after the birth of ... Health, ... born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26199

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP
AUG
14
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male Child

2. Race or Color (if not of the white race) light brown

3. Date of Birth born this Day August 9 1878

4. Place of Birth (Street and Number) Honfords court No 7

5. Full Name of Mother Carrie Fortson

6. Mother's Maiden Name Carrie Flood

7. Mother's Birthplace West Virginia Maryland Co

8. Full Name of Father G Fortson

9. Father's Occupation Drayman

10. Father's Birthplace Peters burg Va

Name of Medical Attendant, or other Person who makes this Return. Rosetta Holloway

Address 144 South Colvin street

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

26200

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	the 9 Aug.
4. Place of Birth (Street and Number)	No 340 Aisquith St
5. Full Name of Mother	Angela Hess
6. Mother's Maiden Name	Angela Hessing
7. Mother's Birthplace	Germany
8. Full Name of Father	Jacob Hessing
9. Father's Occupation	Gardenman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	No Saint Paul Place 818
Remarks	P. D. Hartsfield M.D.

RETURN OF A BIRTH.

26201

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 15 1878
BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8ight

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August 4 1878 birth
4. *Place of Birth (Street and Number)* No 142 Colver St
5. *Full Name of Mother* Caroline Quenn
6. *Mother's Maiden Name* Smith
7. *Mother's Birthplace* Forrest St
8. *Full Name of Father* Jacob Quenn
9. *Faiher's Occupation* runing train
10. *Father's Birthplace* prince George County

Name of Medical Attendant, or other Person who makes this Return Elvira Elizabeth griffin

Address 210 Hughes St

Remarks this day report

RETURN OF A BIRTH.

26202

HEALTH DEPT. OCT 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6d.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 9th 1878.
4. *Place of Birth (Street and Number)*	Chester Str.
5. *Full Name of Mother*	Therese Asshauer
6. *Mother's Maiden Name*	Th. Müller
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Henry Asshauer
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return	Dina Pillegiot
Address	182 east Monument St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26203

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One 4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th of July
4. Place of Birth (Street and Number)	118 E Baltel strat Balto city
5. Full Name of Mother	Mary Baker
6. Mother's Maiden Name	Mary Hull
7. Mother's Birthplace	Balto city
8. Full Name of Father	Geo Baker
9. Father's Occupation	Laymun union R R
10. Father's Birthplace	Balto city
Name of Medical Attendant, or other Person who makes this Return	Mrs. M. A. Butt.
Address	No 185 E. cor of Monument & Central av
Remarks	Well.

21204

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* May 9
4. *Place of Birth (Street and Number)* Baltimore West No 208
5. *Full Name of Mother* Henrietta Harris
6. *Mother's Maiden Name* " Frost
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Haris
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who registers this Return. Emeline Wilson

Address 385 Brown Street

Remarks

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gives at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96205

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth ~~Today~~ Aug 9th 1878

4. Place of Birth (Street and Number) 6 Forest Place

5. Full Name of Mother Ella Bell Kleeduff

6. Mother's Maiden Name " Blagett

7. Mother's Birthplace Baltimore

8. Full Name of Father Hubert Martin Kleeduff

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo R Reynolds

Address 43 N. Calvert St

Remarks

The undersigned, Physician, Midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

96207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
AUG 21 1878
BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	9th day of August.
4. Place of Birth (Street and Number)	Hosking Rd. Mount Clair Mill
5. Full Name of Mother	Treasa Miller.
6. Mother's Maiden Name	Humel.
7. Mother's Birthplace	Emhessen.
8. Full Name of Father	Henry J. Miller.
9. Father's Occupation	Teamster.
10. Father's Birthplace	Emhessen.
Name of Medical Attendant, or other Person who makes this Return.	Miss Lindner.
Address	No 45 Monroe St.
Remarks	

advise as the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26207

S

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.½

1. *Sex (state whether Male or Female)* Boie
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 August.
4. *Place of Birth (Street and Number)* Dolair Av.
5. *Full Name of Mother* Henriete Baker.
6. *Mother's Maiden Name* " Sidbrink.
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* David Baker
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St

Remarks

The Midwife, Nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26978

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 10 d. 1878
4. *Place of Birth (Street and Number)* 73 Central Ave:
5. *Full Name of Mother* Liesebeth Kroeler
6. *Mother's Maiden Name* L. Emmel
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Kristian Kroeler
9. *Father's Occupation* Crosse Teiler
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 S. Bond Street

Remarks

...of color of persons in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26209

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 10th 1878
4. Place of Birth (Street and Number)	2018 N. Eden st
5. Full Name of Mother	Mary F. Smith
6. Mother's Maiden Name	Mary F. Carmody
7. Mother's Birthplace	Massachusetts
8. Full Name of Father	James C. Smith
9. Father's Occupation	Britania Works
10. Father's Birthplace	Massachusetts
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

RETURN OF A BIRTH.

262/10

HEALTH DEPARTMENT
AUG 13 1978
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 August
4. *Place of Birth (Street and Number)* No 77 Eastern Ave
5. *Full Name of Mother* Elizabeth Meechlin
6. *Mother's Maiden Name* Schuster
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friedrich Meechlin
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

adrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26211

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 August
4. *Place of Birth (Street and Number)* No 9 Central Ave
5. *Full Name of Mother* Caroline Müller
6. *Mother's Maiden Name* Wansmans
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charley Müller
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

RETURN OF A BIRTH.

26212

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	Aug 10 th
4. Place of Birth (Street and Number)	Gottfo # 131 "
5. Full Name of Mother	Cary Knipp
6. Mother's Maiden Name	" Bunn
7. Mother's Birthplace	Baltimore " "
8. Full Name of Father	Henry Knipp
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kork
Address	328 S Eutaw St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26213

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPAR
AUG
13
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 10 August 1878
4. *Place of Birth (Street and Number)* #3 Lombard Street
5. *Full Name of Mother* Clara Mc Nyer
6. *Mother's Maiden Name* Bibo
7. *Mother's Birthplace* U S
8. *Full Name of Father* Andrew Mc Nyer
9. *Father's Occupation* Fisherman
10. *Name of Medical Attendant, or other Person who makes this Return.* Mrs Lara Casper

Address 52 E Lombard Street

Remarks

Advice of the birth of any child, whether still born or not, within the City of Baltimore, shall be given by the Physician, Midwife, or other person in charge, who shall attend, assist or visit at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26211

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Mail
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* Born 16 augt
4. *Place of Birth (Street and Number)* 222 Hanover St
5. *Full Name of Mother* Ellen Emmeks
6. *Mother's Maiden Name* Ellen Malopk
7. *Mother's Birthplace* Cambridge Dorchester
8. *Full Name of Father* Richard Malopk
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Cambridge Dorchester County

Name of Medical Attendant, or other Person who makes this Return.

Address No 1 Hill and Park I Taylor avenue

Remarks Lumpy Sydney

RETURN OF A BIRTH.

26215

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 10 Aug. 1878
4. *Place of Birth (Street and Number)* 176 S. Caroline
5. *Full Name of Mother* Elisabeth Hildebrand
6. *Mother's Maiden Name* Stein
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Simon Hildebrand
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 151 E. Pratt St.

Remarks

Midwife, accoucheur, nurse, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, giving, distinctly, the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26216

HEALTH DEPARTMENT AUG 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 10
4. Place of Birth (Street and Number)	2 Concord St
5. Full Name of Mother	Margaret Gleason
6. Mother's Maiden Name	Finity
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Gleason
9. Father's Occupation	Meat Cleaner
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dr. Wm J Chrisman
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

26217

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 10th 1878
4. Place of Birth (Street and Number)	N 28 Patterson Park Avenue
5. Full Name of Mother	Anna Paterson
6. Mother's Maiden Name	Anna Debielus
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	George Henry Paterson
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return	Louisia Wiley
Address	N 28 Patterson Park Avenue
Remarks	

HEALTH DEP
AUG 14 1878
BALTIMORE

RETURN OF A BIRTH.

26218

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 16 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7tes Kind
1. *Sex (state whether Male or Female)*	Mädchen
2. *Race or Color (if not of the white race)*	Weiss
3. *Date of Birth*	geboren 10 August
4. *Place of Birth (Street and Number)*	No 233 S. Bond St.
5. *Full Name of Mother*	Luise Kilian
6. *Mother's Maiden Name*	Luise Wilhelm
7. *Mother's Birthplace*	Deutschland
8. *Full Name of Father*	Henry Kilian
9. *Father's Occupation*	Schiff Arbeiter
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this return	Friederike Kaufmann
Address	No 204 S. Dallas St.
Remarks	Hemme

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26219

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 7

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* [illegible] August 1878

4. *Place of Birth (Street and Number)* [illegible] 44 [illegible]

5. *Full Name of Mother* Emma E. [illegible]

6. *Mother's Maiden Name* Emma E. [illegible]

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* William [illegible]

9. *Father's Occupation* Clerk

10. *Father's Birthplace* [illegible]

Name of Medical Attendant, or other Person who makes this return [illegible]

Address [illegible]

Remarks. [illegible]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26220

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th / 1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	20th of Aug 1878
4. *Place of Birth (Street and Number)*	530 N. Gay St.
5. *Full Name of Mother*	L. E. Bert.
6. *Mother's Maiden Name*	L. Tempel
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	H. Bert
9. *Father's Occupation*	Brass Manufacturer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Wm Wade
Address	125 N Caroline
Remarks	

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	17th Aug 1878
4. *Place of Birth (Street and Number)*	24 E Pleasant st
5. *Full Name of Mother*	M. Joseph
6. *Mother's Maiden Name*	M. Hahn
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	G Solomon
9. *Father's Occupation*	Cutter Tailor
10. *Father's Birthplace*	Baltimore Co
Name of Medical Attendant, or other Person who makes this return	Dr G Wax
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26222

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 10th of August
4. *Place of Birth (Street and Number)* 34 Mortimer Alley
5. *Full Name of Mother* Bridget Dugan
6. *Mother's Maiden Name* Conway
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* David Dugan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

And any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26223

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 10/78.
4. Place of Birth (Street and Number)	No 2 George St.
5. Full Name of Mother	Charlotte Vogel.
6. Mother's Maiden Name	Eickel
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Bernhart Vogel.
9. Father's Occupation	Tobacconist.
10. Father's Birthplace	Kingdom of Saxony
Name of Medical Attendant, or other Person who makes this Return.	H. K. Fetterhoff M.D.
Address	77 George St.
Remarks	

RETURN OF A BIRTH.

26224

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. AUG 13 1874 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	11th August
4. *Place of Birth (Street and Number)*	44 Pratt st
5. *Full Name of Mother*	Bridget Lamb
6. *Mother's Maiden Name*	Bridget Mansel
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	John Lamb
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this return	Eliza Flemming
Address	95 Albemarle st
Remarks	Healthy

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26225

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 11. 1878
4. Place of Birth (Street and Number)	No 178 Battery Avenue
5. Full Name of Mother	Margaret A. Jones
6. Mother's Maiden Name	Margaret A. Warfield
7. Mother's Birthplace	City
8. Full Name of Father	Joseph Jones
9. Father's Occupation	Merchant
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	E. B. Noble M.D
Address	17 Warren av
Remarks	

RETURN OF A BIRTH.

26226

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (~~if not of the white race~~) White

3. Date of Birth August 11 M 1878

4. Place of Birth (Street and Number) 32 Gettings Str

5. Full Name of Mother Mary Kirwan

6. Mother's Maiden Name

7. Mother's Birthplace Baltimore City

8. Full Name of Father William Kirwan

9. Father's Occupation House Carpenter

10. Father's Birthplace Dorchester Co Md.

Name of Medical Attendant, or other Person who makes this Return. J. O. Harrington M.D.

Address 321 Light Str.

Remarks

The first physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26227

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG 19 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 8th August 1878
4. Place of Birth (Street and Number) Arlington Av
5. Full Name of Mother Ella Coates Allen
6. Mother's Maiden Name Ella Coates
7. Mother's Birthplace Baltimore
8. Full Name of Father Benj: Allen
9 Father's Occupation Carpenter & Builder
10. Father's Birthplace Philadelphia Pa
Name of Medical Attendant, or other Person who makes this Return. Geo. G. Brewer M.D.
Address 258 W. Fayette St.
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26228

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEP
AUG
14
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 11th 1878
4. Place of Birth (Street and Number)	524 Canton Avnew
5. Full Name of Mother	Mozard Johnson
6. Mother's Maiden Name	Mozard Hemer
7. Mother's Birthplace	Baltimore M.D
8. Full Name of Father	Charley Johnson
9. Father's Occupation	Labor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Louisia Wiley
Address	N12 Patterson Park Avenew
Remarks	Charles Johnson. Was killed 22. of febaury.

The only physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26229

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Ehelld one
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord race
3. Date of Birth Aug the 11 18 78
4. Place of Birth (Street and Number) mc Edwards St 260
5. Full Name of Mother Lucy Miller
6. Mother's Maiden Name Lucy Brooket
7. Mother's Birthplace Dorches Co md
8. Full Name of Father Jeremiah Miller
9. Father's Occupation draman
10. Father's Birthplace Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford
Address 130 north Regester St Baltimore
Remarks

It is the duty of any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26230

HEALTH DEPARTMENT AUG 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 11th 1878
4. *Place of Birth (Street and Number)*	Eastern Ave Cor No 4
5. *Full Name of Mother*	Elis Morning Wech
6. *Mother's Maiden Name*	Elis Eby Shaft
7. *Mother's Birthplace*	Prisen ~~John Morning Wech~~
8. *Full Name of Father*	John Morning Wech
9. *Father's Occupation*	Lator
10. *Father's Birthplace*	Prisen
Name of Medical Attendant, or other Person who makes this return	C. Schmidt
Address	
Remarks	1st child Born Dead

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Every Physician in the City of Baltimore, and every Person who shall hereafter act as Midwife, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 4th 1878
4. *Place of Birth (Street and Number)*	396 Frankwin st. West
5. *Full Name of Mother*	Mary Cornelia Fellers
6. *Mother's Maiden Name*	Miller
7. *Mother's Birthplace*	Chester town Eastern Shore
8. *Full Name of Father*	John Thomas Fellers
9. *Father's Occupation*	Milk Business
10. *Father's Birthplace*	york york County Pa
Name of Medical Attendant, or other Person who makes this return	Mrs Jane Nunnefinger
Address	No 23 N Liberty st
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26239

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third.
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	August 11th 1878
4. *Place of Birth (Street and Number)*	No 40 Park Ave
5. *Full Name of Mother*	Jane McShannon
6. *Mother's Maiden Name*	Jane Barnes
7. *Mother's Birthplace*	Dublin, Ireland
8. *Full Name of Father*	John J McShannon
9. *Father's Occupation*	Lamp Lighter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs Jane Wimpbayer
Address	No 23 N Liberty
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 12th 1878
4. Place of Birth (Street and Number)	53 B Leight
5. Full Name of Mother	Annie Williams
6. Mother's Maiden Name	Annie Fitzgerald
7. Mother's Birthplace	Roland
8. Full Name of Father	Chas. R. Williams
9. Father's Occupation	Engineer
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M. D.
Address	
Remarks	

RETURN OF A BIRTH.

26234

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 12th 1878
4. *Place of Birth (Street and Number)* 356 Lawrence st
5. *Full Name of Mother* Juliet McComas Cowan
6. *Mother's Maiden Name* Westwood
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John C. Cowan
9. *Father's Occupation* None
10. *Father's Birthplace* Washington D.C.

Name of Medical Attendant, or other Person who makes this Return P. C. Williams

Address 201 Madison Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26235

HEALTH DEPT
AUG 19 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 August
4. *Place of Birth (Street and Number)* No 163 Lumbard St
5. *Full Name of Mother* Lizzie Waltsmiett
6. *Mother's Maiden Name* Hoop
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Waltsmiett
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Gourley St

Remarks

RETURN OF A BIRTH.

21236

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. AUG 19 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 12th 1878.
4. Place of Birth (Street and Number)	224 Bank St Balt. Md.
5. Full Name of Mother	Mary Schemm
6. Mother's Maiden Name	" Mice
7. Mother's Birthplace	Balt. Md.
8. Full Name of Father	John Schemm
9 Father's Occupation	Cooper
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	M. A. Dannport,
Address	194 Gough St.
Remarks	The babes with its mother doing very well.

RETURN OF A BIRTH.

26237

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	12th August
4. *Place of Birth (Street and Number)*	Baltimore City 15 Harrison St
5. *Full Name of Mother*	Mary Collins
6. *Mother's Maiden Name*	Mary C. Cmon
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Peter Collins
9. *Father's Occupation*	Furniture Dealer
10. *Father's Birthplace*	Baltimore City MD
Name of Medical Attendant, or other Person who makes this return	Mrs Price
Address	No 26 N Spring st Pratt Lexington
Remarks	M.D.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26238

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEP AUG 14 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 th

1. Sex (state whether Male or Female) ~~white~~, female
2. Race or Color (if not of the white race) white
3. Date of Birth 12 th august
4. Place of Birth (Street and Number) Baltimore No 329 Aisquith Str.
5. Full Name of Mother Mary M. H.
6. Mother's Maiden Name Bach
7. Mother's Birthplace Baltimore
8. Full Name of Father John Wesley Minnick
9. Father's Occupation Carpenter & Builder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sarah Wooden

Address 330 aisquith Str.

Remarks 3

RETURN OF A BIRTH.

26239

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 12th 1878

AUG 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 12th 1878.
4. Place of Birth (Street and Number) 16 South Durham Street
5. Full Name of Mother Louisia Markle
6. Mother's Maiden Name Louisia Zobel
7. Mother's Birthplace Germany.
8. Full Name of Father [redacted] Markle.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address 137 South Wolfe Street

Remarks 4

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26240

To the Office of Registrar of Vital Statistics, Board of Health.

AUG 12 1878 BALTIMORE

BALTIMORE CITY. August 11 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 12th. 1878
4. *Place of Birth (Street and Number)* 28 Burke Street
5. *Full Name of Mother* Katie Kuhn
6. *Mother's Maiden Name* Katie Daefer
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Christ Kuhn
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Ament

Address 137 South Wolfe Street

Remarks C11

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No. 2111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Aug 13 1878

HEALTH DEP AUG 13 1878 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 12 th 1878
4. *Place of Birth (Street and Number)* 255 South Durham St
5. *Full Name of Mother* Martha Schmidt
6. *Mother's Maiden Name* Martha Krieger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christ. Schmidt
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address No. 137 Wolfe St.

Remarks —

Any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2629421

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 16 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 tes Kind
1. *Sex (state whether Male or Female)*	Bub
2. *Race or Color (if not of the white race)*	Weiß
3. *Date of Birth*	geboren den 12ten August
4. *Place of Birth (Street and Number)*	№ 291 S Bond St
5. *Full Name of Mother*	Maria Linz
6. *Mother's Maiden Name*	Maria Wornette
7. *Mother's Birthplace*	Deutschland
8. *Full Name of Father*	August Wornette
9. *Father's Occupation*	Schulmacher
10. *Father's Birthplace*	Deutschland
Name of Medical Attendant, or other Person who makes this return	Friederike Kaufmann
Address	№ 204 S. Dallas St
Remarks	Homme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26243

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
1878
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 12th 1878
4. *Place of Birth (Street and Number)*	N° 31 Baker Street
5. *Full Name of Mother*	Idia Mourning Wolf
6. *Mother's Maiden Name*	" Sharp
7. *Mother's Birthplace*	Prison
8. *Full Name of Father*	Wallie Mourningwolf
9. *Father's Occupation*	Labor
10. *Father's Birthplace*	Prison
Name of Medical Attendant, or other Person who makes this return	Eli Schmitt
Address	
Remarks	N° 476 Ro. Ave

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

269414

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 the Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 12, 1878
4. *Place of Birth (Street and Number)* S. Bond St. No, 257.
5. *Full Name of Mother* Elisabetha Schweitzer
6. *Mother's Maiden Name* Elisabetha Herr
7. *Mother's Birthplace* Rolla Celz
8. *Full Name of Father* Andreas Schweitzer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas A. No, 26,

Remarks

RETURN OF A BIRTH.

262145

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 17 1878
BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
(state whether Male or Female)	female
or Color (if not of the white race)	Colored
of Birth	12 August
of Birth (Street and Number)	Eastland Street No 7
Name of Mother	Martha Simmes Morris
r's Maiden Name	Martha Simmes Ringgold
r's Birthplace	Baltimore City
Name of Father	Wallis Morris
's Occupation	Waiter
's Birthplace	Baltimore County
of Medical Attendant, or other Person who makes this Return	Mc Allen J Stubbs
	Little Sharp Street 12

RETURN OF A BIRTH.

962,116

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 17 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, color, &c., of the child or children so born, whether alive or stillborn, and the name, residence, and occupation of the parents, and the maiden name of the mother of such child or children.

Name: Henry Debelius

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth august 1878
4. Place of Birth (Street and Number) 139 hilson st
5. Full Name of Mother mary catherine (dorsey) Debelius
6. Mother's Maiden Name mary catherine gorsuch
7. Mother's Birthplace baltimore city
8. Full Name of Father peter (deboyd) Debelius
9. Father's Occupation coinmaker
10. Father's Birthplace germany

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 493 alicanna st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

26214-7

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 12 th 1878
4. Place of Birth (Street and Number)	E. Lombard 2d (431) ~~N. Broadway~~
5. Full Name of Mother	Maria Theresa Rouse
6. Mother's Maiden Name	" " Gosman
7. Mother's Birthplace	York Pa
8. Full Name of Father	Rudolph Rouse
9. Father's Occupation	none
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Gross M.D.
Address	406 E. Baltimore st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

262148

HEALTH DEPT. AUG 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 August
4. *Place of Birth (Street and Number)* Cemetary Lane
5. *Full Name of Mother* Maria Engelbat
6. *Mother's Maiden Name* " Weib
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jakob Engelbat
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germania

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St

Remarks

RETURN OF A BIRTH. 26219

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPT. AUG 22 1878 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 12 1878
4. *Place of Birth (Street and Number)* Bryan St. No 72
5. *Full Name of Mother* Mary Heilman
6. *Mother's Maiden Name* Mary Simon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Heilman
9. *Father's Occupation* Labore
10. *Father's Birthplace* Gemany.

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Margret Ettel

RETURN OF A BIRTH.

26250

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 4th Child
2. *Sex (state whether Male or Female)* female
3. *Race or Color (if not of the white race)* white
4. *Date of Birth* 12 August
5. *Place of Birth (Street and Number)* East Eager 420
6. *Full Nome of Mother* Theresa Muller
7. *Mother's Maiden Nome* Theresa Sarbacher
8. *Mother's Birthplace* Baltimore City
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace* Mannheim . Germany

Nome of Medical Attendant, or other Person who makes this Return. Dr F Reinhard

Address 224 W. Fayette Street

Remarks

It is any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21625

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 12 August
4. *Place of Birth (Street and Number)* Columbia Av. 151
5. *Full Name of Mother* Elisabeth Weigel
6. *Mother's Maiden Name* Elisabeth Mauth
7. *Mother's Birthplace* Hessia Germany
8. *Full Name of Father* William Weigel
9. *Father's Occupation* Saloontkeeper
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. H. F. Reinhard

Address 224 W. Fayette Street

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

262352

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

August the 14

HEALTH DEPARTMENT AUG 20 1913 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third Child.
1. Sex (state whether Male or Female)	Female ~~Male~~
2. Race or Color (if not of the white race)	White
3. Date of Birth	13
4. Place of Birth (Street and Number)	Jefferson St No 231
5. Full Name of Mother	Gertrude Murphy
6. Mother's Maiden Name	Martin
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Murphy
9. Father's Occupation	Canning
10. Father's Birthplace	Md City
Name of Medical Attendant, or other Person who makes this Return.	M A Davenport
Address	~~Md~~ 1944 Gough St
Remarks	Mother & Babe doing Well

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26253

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 one
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 13th 1878
4. Place of Birth (Street and Number)	80 Lexington St.
5. Full Name of Mother	Ella C. Camper
6. Mother's Maiden Name	Selinger
7. Mother's Birthplace	Maryland
8. Full Name of Father	William Camper
9. Father's Occupation	Merchant
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover Bank Sts
Remarks	

RETURN OF A BIRTH.

262314

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 13th 1878
4. Place of Birth (Street and Number)	25 Beaven st
5. Full Name of Mother	Francisca Geer
6. Mother's Maiden Name	Barthy
7. Mother's Birthplace	America
8. Full Name of Father	Charles Geer
9. Father's Occupation	Confectioner
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lobgeier midwife
Address	213 Cross st.
Remarks	

It is hereby made the duty of any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26255

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	13th of August 1878
4. Place of Birth (Street and Number)	343 Eden Anna st
5. Full Name of Mother	Sarah Herbick
6. Mother's Maiden Name	Sarah Roelle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick Roelle
9. Father's Occupation	Miller
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Midwife Leuecken
Address	No 10 Essex st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26256

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 19 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child
1. *Sex (state whether Male or Female)* A Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 13th of August 78
4. *Place of Birth (Street and Number)* 429 Lombard st
5. *Full Name of Mother* Kate Smith
6. *Mother's Maiden Name* Kate Schultz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis Henry Schultz
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Cuddihy Emmitsburg
Address 11 Mary Thomas st Emmitsburg
Remarks Healthy

RETURN OF A BIRTH.

26257

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 19 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	9. th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Mon. Aug. 13. 1878
4. *Place of Birth (Street and Number)*	№ 73. Grindle St.
5. *Full Name of Mother*	B. Schaffer
6. *Mother's Maiden Name*	B. Smith
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	A. Schaffer
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gathern Horner
Address	№ 106. West St. Balto.
Remarks	

RETURN OF A BIRTH.

262558

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Aug. 17, 1878

AUG 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Aug. 13th 1878.
4. *Place of Birth (Street and Number)* 12 Castle Str.
5. *Full Name of Mother* Louisia Sattler.
6. *Mother's Maiden Name* Louisia Wagner
7. *Mother's Birthplace* America
8. *Full Name of Father* August Sattler.
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend.

Address 137 South Wolfe Street

*Remark*s

The duty of any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26259

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 14 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	Aug 13 1878
4. Place of Birth (Street and Number)	Maternite Hospital — 163 W. Lombard St.
5. Full Name of Mother	Catharine Eichner
6. Mother's Maiden Name	Catharine Eschenauer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gotlieb Eichner
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	David Streett M.D. Resident Physician
Address	Maternite Hospital — 163 W. Lombard St.
Remarks	Mother and child in good condition

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26260

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

AUG 16 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 13th
4. Place of Birth (Street and Number)	99 Chew St
5. Full Name of Mother	Hesler F Baker
6. Mother's Maiden Name	" " Kipkpard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry W Baker
9. Father's Occupation	Conductor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

RETURN OF A BIRTH.

26261

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) female -
2. Race or Color (if not of the white race) wht.
3. Date of Birth 13 August 1878.
4. Place of Birth (Street and Number) 267 Park ave
5. Full Name of Mother Alice Mc Manus
6. Mother's Maiden Name a Hughes
7. Mother's Birthplace Ireland.
8. Full Name of Father Patrick Mc Manus
9. Father's Occupation Carpenter
10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Clarence Taneyhill

Address 129 W Biddle St.

Remarks

Must any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26262

HEALTH DEPARTMENT
AUG 19 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Aug 13th 78.
4. Place of Birth (Street and Number)	13 Jackson's Court
5. Full Name of Mother	Ellen Mc Carthy
6. Mother's Maiden Name	Ellen Carthy
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Jno. Mc Carthy
9. Father's Occupation	Plumber.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	A H Saylor. M.D
Address	523 Lexington st
Remarks	

RETURN OF A BIRTH.

26263

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 17 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 13th 1878
4. *Place of Birth (Street and Number)* Battery Av. No 283.
5. *Full Name of Mother* Anna Koch
6. *Mother's Maiden Name* Anna Demme
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Koch.
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dorothea Bruns.

Address 114 Battery Av.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26264

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	13 August
4. Place of Birth (Street and Number)	N Bentalou Street 190
5. Full Name of Mother	Caroline Siegel
6. Mother's Maiden Name	Caroline Krenca
7. Mother's Birthplace	Parchim. Mecklenburg
8. Full Name of Father	Gotthelf Siegel
9. Father's Occupation	Cook.
10. Father's Birthplace	Wurtemberg
Name of Medical Attendant, or other Person who makes this Return.	Dr L Reinhart
Address	114 West Fayette Street
Remarks	

26265

RETURN OF A BIRTH.

HEALTH DEPARTMENT
AUG 26 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 13th 1878
4. Place of Birth (Street and Number)	Boston av n Chapel St.
5. Full Name of Mother	A. W. Trueschler
6. Mother's Maiden Name	Annie Wilhelm
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philip Trueschler.
9. Father's Occupation	Gold Beater
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	# 203 S Washington St
Remarks	F.P.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26266

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12. August
4. Place of Birth (Street and Number)	12. Sims Alley
5. Full Name of Mother	Franciska Wacek
6. Mother's Maiden Name	" " Wokalova
7. Mother's Birthplace	Witanov Bohemia
8. Full Name of Father	Franz Wacek
9. Father's Occupation	Laborer
10. Father's Birthplace	Wokalov Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barre
Remarks	

RETURN OF A BIRTH.

26267

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

It any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 17th, 1878.
4. *Place of Birth (Street and Number)* No. 130. Ridgely. St.
5. *Full Name of Mother* Helena. Elana. Rosa. Minnia. Herzog.
6. *Mother's Maiden Name* " " " Loppa.
7. *Mother's Birthplace* Baltimore. Md.
8. *Full Name of Father* William George. Strazy.
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Madam. Serbach.

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26268

HEALTH DEPARTMENT
AUG 17 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 14 th 1878
4. Place of Birth (Street and Number)	No 162 Leadenhall st
5. Full Name of Mother	Margaretta Mrs. Carthy
6. Mother's Maiden Name	Lauterbach
7. Mother's Birthplace	America
8. Full Name of Father	Daniel Mr. Carthy
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	213 Cross st
Remarks	

RETURN OF A BIRTH.

26269

HEALTH DEPARTMENT
AUG 17 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 14 th 1878
4. Place of Birth (Street and Number)	N 3 Elizabeth alley
5. Full Name of Mother	Margreth Koss
6. Mother's Maiden Name	Goeckle
7. Mother's Birthplace	Germany
8. Full Name of Father	Peter Koss
9. Father's Occupation	Labarer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schnegasser midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26270

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. August 14 1878

AUG 19 1878

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White
3. Date of Birth Aug 14th 1878.
4. Place of Birth (Street and Number) 9 Biger St
5. Full Name of Mother Dora Weis
6. Mother's Maiden Name Dora Fisher
7. Mother's Birthplace Germany
8. Full Name of Father John Weis
9. Father's Occupation Carpenter
10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return Miss Mary Amend.

Address 137 South Wolfe St.

Remarks 4

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26271

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether Male or Female).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 14. 1878.
4. *Place of Birth (Street and Number)* Orleans A. No 123.
5. *Full Name of Mother* Louise J. Bohne
6. *Mother's Maiden Name* Louise J. Pfennig
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Heinrich Bohne
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Elben, Kr. Rheinsen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas A. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26272

AUG 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4 th

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* whit
3. *Date of Birth* born on the 14 th of August 1878
4. *Place of Birth (Street and Number)* No 300 Scott St.
5. *Full Name of Mother* K. Resler
6. *Mother's Maiden Name* K. Davis
7. *Mother's Birthplace* Balto. County M. L.
8. *Full Name of Father* C. Resler
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Bavaria Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Hiller

Address 57 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26273

HEALTH DEPT
AUG 20 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* 14 August 1878
4. *Place of Birth (Street and Number)* Fayette St
5. *Full Name of Mother* Margareth Wein Knecht
6. *Mother's Maiden Name* Stram
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Weinknecht
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Tara Casper

Address 52 E Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26274

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH 1 22 1898 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 14th
4. Place of Birth (Street and Number)	Fremont St
5. Full Name of Mother	Ruth Ballard
6. Mother's Maiden Name	Marcail
7. Mother's Birthplace	Berlin Md
8. Full Name of Father	Sam Ballard
9. Father's Occupation	Clerk
10. Father's Birthplace	Snow Hill Md
Name of Medical Attendant, or other Person who makes this Return.	H F Hare M D
Address	330 Fremont St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CERTIFICATE CORRECTED 5-18-53

26275

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Henry Frederick Boesche 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th August 1878
4. *Place of Birth (Street and Number)* 183 West st
5. *Full Name of Mother* Wilhelmina Boesche
6. *Mother's Maiden Name* Wilhelmina Miller
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Boesche
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Muench

Address 98 Leadenhall st

Remarks

RETURN OF A BIRTH.

26276

BALTIMORE CITY HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	14 August '78
4. *Place of Birth (Street and Number)*	328 Hamburg st.
5. *Full Name of Mother*	Lizzie Böttcher
6. *Mother's Maiden Name*	" Linchand
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Conrad Böttcher
9. *Father's Occupation*	Gunner
10. *Father's Birthplace*	Kurr Hessen — Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 South Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26277

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 14th 1878
4. Place of Birth (Street and Number)	72 E. Chapel St
5. Full Name of Mother	A. L. Ruppell
6. Mother's Maiden Name	Annie Lutchen
7. Mother's Birthplace	Balto
8. Full Name of Father	C. Ruppell
9. Father's Occupation	Grom maker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	203 E Washington Ave
Remarks	

RETURN OF A BIRTH.

26278

HEALTH DEPARTMENT
AUG
26
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 14th 1878
4. Place of Birth (Street and Number)	65 Bank St Ft P.
5. Full Name of Mother	Mary F. Falkenhan
6. Mother's Maiden Name	Mary Timm
7. Mother's Birthplace	Balto
8. Full Name of Father	Chas Falkenhan.
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	~~Ft~~ 203 E Washington St
Remarks	

Hint any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26279

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d "
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 14th 1878 "
4. Place of Birth (Street and Number)	# 93 E Washington St. H.
5. Full Name of Mother	E. W. Mitchell
6. Mother's Maiden Name	Emma Whaley
7. Mother's Birthplace	Balto
8. Full Name of Father	Mr Mitchell
9. Father's Occupation	Sailor
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary L. Simms
Address	# 203 E Washington St.
Remarks	H

RETURN OF A BIRTH.

26280

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 14th 1878
4. Place of Birth (Street and Number)	No 81 L. Mc Keldery St.
5. Full Name of Mother	Mary Carll
6. Mother's Maiden Name	Deitz
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	August Carll
9. Father's Occupation	Painter
10. Father's Birthplace	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Butt.
Address	No 185 N. E. Cor of Monument & Central ave.
Remarks	Well.

RETURN OF A BIRTH.

26281

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	August 14th 1878
4. *Place of Birth (Street and Number)*	#294 Pine St
5. *Full Name of Mother*	Virginia A. Hollins
6. *Mother's Maiden Name*	Flynn
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	John F. Hollins
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore Md
Name of Medical Attendant, or other Person who makes this return	Annie Riesenzahn (wid)
Address	#220 Preston St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26282

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	August 16th 1878
4. *Place of Birth (Street and Number)*	# 324 Penna Ave
5. *Full Name of Mother*	Annie Hoeck
6. *Mother's Maiden Name*	" King
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	H. J. Hoeckl
9. *Father's Occupation*	Grocer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Louis Lucas M.D.
Address	220 Preston St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 26283

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	F W 2 Boys [redacted]
2. Race or Color (if not of the white race)	White
3. Date of Birth	15 August
4. Place of Birth (Street and Number)	21 Bath St
5. Full Name of Mother	Mary Griffin
6. Mother's Maiden Name	Maley
7. Mother's Birthplace	Ireland "
8. Full Name of Father	John Griffin
9. Father's Occupation	Street Cleaner
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Skinner
Address	No 7 Forest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,62814

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 15 d. 1878
4. Place of Birth (Street and Number)	188 E Chesnut Str.
5. Full Name of Mother	Margret Schmidt
6. Mother's Maiden Name	Margret Wenner
7. Mother's Birthplace	Germany
8. Full Name of Father	Gottlieb Schmidt
9. Father's Occupation	Machinist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie A. Ludiger
Address	134 S. Bonstreet
Remarks	

RETURN OF A BIRTH.

26285

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 15 th 1878
4. Place of Birth (Street and Number)	No 144 West st
5. Full Name of Mother	Caroline Pamhof
6. Mother's Maiden Name	Burgidolt
7. Mother's Birthplace	America
8. Full Name of Father	Eberhardt Pamhof
9. Father's Occupation	Captain
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schnaasser midwife
Address	213 Gross st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26256

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female it not —
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 15 of August 1878
4. Place of Birth (Street and Number) Bolair Av.
5. Full Name of Mother Christina Sary
6. Mother's Maiden Name C. Miller
7. Mother's Birthplace born in Sachsen Germany
8. Full Name of Father George Sary
9. Father's Occupation Beer Brewer
10. Father's Birthplace born in Germany

Name of Medical Attendant, or other Person who makes this return Mrs Killer

Address 57 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26287

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 19 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) White
3. Date of Birth august 15. 1878
4. Place of Birth (Street and Number) 8 north Bwk st
5. Full Name of Mother mary E Swift
6. Mother's Maiden Name mary E hie
7. Mother's Birthplace Baltimore city
8. Full Name of Father John F Swift
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 158

Address collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26288

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* August 15.
4. *Place of Birth (Street and Number)* 264 W Fayette St.
5. *Full Name of Mother* Jane Brown Thompson
6. *Mother's Maiden Name* Jane Brown
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Wm Henry Thompson
9. *Father's Occupation*
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. G. G. Brewer

Address 258 W Fayette St.

Remarks

RETURN OF A BIRTH.

26289

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

AUG 19 1878 BALTIMORE MD

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Primipara
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 15. 78.
4. Place of Birth (Street and Number)	427 Lexington Alley
5. Full Name of Mother	Sarah Bailey
6. Mother's Maiden Name	Sarah Hallen.
7. Mother's Birthplace	Baltimore M. A.
8. Full Name of Father	Thomas Bailey
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	A. H. Taylor. M. D.
Address	543 Lexington Alley
Remarks	(delivery by forceps)

RETURN OF A BIRTH.

26290

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Augt 15th 1878
4. *Place of Birth (Street and Number)* No 134 Lee Street
5. *Full Name of Mother* Emmaline Palmer
6. *Mother's Maiden Name* Emmaline
7. *Mother's Birthplace* Accomack Co Virginia
8. *Full Name of Father* Lewis Palmer
9. *Father's Occupation* Lubber
10. *Father's Birthplace* Accomac Co Va

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 11 Brook Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26291

HEALTH DEPT. AUG 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15 August 1878
4. *Place of Birth (Street and Number)* No 11 Norker Pl
5. *Full Name of Mother* Elisabeth Horn
6. *Mother's Maiden Name* Sud
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Heinrich Horn
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lara Cusper

Address 52 E rembardt Pl

Remarks

RETURN OF A BIRTH.

26292

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd.
1. Sex (state whether Male or Female)	~~White~~ Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	July 15th 1878
4. Place of Birth (Street and Number)	89 N. Broadway
5. Full Name of Mother	Mary Emma Schwarz
6. Mother's Maiden Name	" Shuler
7. Mother's Birthplace	Philadelphia Pa.
8. Full Name of Father	William Schwarz Jr.
9. Father's Occupation	Brick maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	C. P. Sons M.D.
Address	no. 406 E. Baltimore St.
Remarks	

This Return was overlooked by me, and not thought of till now

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

462

26293

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 4
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15th August 1878
4. *Place of Birth (Street and Number)*	113 N. Eden
5. *Full Name of Mother*	Mary Brownell
6. *Mother's Maiden Name*	Mary Kaiser
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Futher*	William Brownell
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace*	Maryland City
Name of Medical Attendant, or other Person who makes this return	Doctor Green
Address	
Remarks	25th Caroline

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

262911

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

THE AUG 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Boy
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	15th August 1878
4. *Place of Birth (Street and Number)*	321 Orleans St.
5. *Full Name of Mother*	Cornelia Forest
6. *Mother's Maiden Name*	Cornelia Sprowe
7. *Mother's Birthplace*	Middlesex County
8. *Full Name of Father*	John S Spon[illegible]
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mary Hall
Address	125 N. Caroline St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26295

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 21 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 15th 1878
4. Place of Birth (Street and Number) No. 690 W. Pratt st. Baltimore
5. Full Name of Mother Sarah Rebecca Clark
6. Mother's Maiden Name Sarah Rebecca Robeson
7. Mother's Birthplace Washington D.C.
8. Full Name of Father Charles Edward Clark
9. Father's Occupation Plumber
10. Father's Birthplace Baltimore M.D.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Jane Mercer

Address No. 136 Mc. Henry st. Baltimore M.D.

Remarks

RETURN OF A BIRTH.

26296

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 15 august
4. *Place of Birth (Street and Number)* hill St 124
5. *Full Name of Mother* Mary Frances Smith
6. *Mother's Maiden Name* Mary Height
7. *Mother's Birthplace* Mary Virginia
8. *Full Name of Father* John Henry Smith
9. *Father's Occupation* Caulker of Ship Yard
10. *Father's Birthplace* Eastern Shor Maryland

Name of Medical Attendant, or other Person who makes this return Silby Gross

Address 181 York St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physicians, Midwives, Householders, Undertakers, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26297

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 1/1

1. Sex (state whether Male or Female) Boy 1/1
2. Race or Color (if not of the white race) White 1/1
3. Date of Birth August 15 1878
4. Place of Birth (Street and Number) 23 Thames St
5. Full Name of Mother Kathrien ~~Brady~~ Durram
6. Mother's Maiden Name Cathrien Brady
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuell Durram
9. Father's Occupation Varnisher of Furniture
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Louisa Smith

Address the name of child Grant Durram

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26298

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	
3. Date of Birth	August 15. 1878.
4. Place of Birth (Street and Number)	334 E. Chase St.
5. Full Name of Mother	Frances Waldman
6. Mother's Maiden Name	" Yorke
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	James M. Waldman.
9. Father's Occupation	Shoemaker,
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	L.C. Gordon M.D.
Address	311 N. Broadway
Remarks	

2.6299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 15th 1878
4. Place of Birth (Street and Number) N°66 Pearl St
5. Full Name of Mother Elizabeth ann Colton
6. Mother's Maiden Name Elizabeth ann Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father John H. Colton
9. Father's Occupation Clerk
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. F. Richard M.D

Address N° 114 Park ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26300

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE AUG 29 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Thursday August 15 1878
4. *Place of Birth (Street and Number)* Baltimore 74 Slice Street
5. *Full Name of Mother* Isabella Fleming
6. *Mother's Maiden Name* Isabella Dickerson
7. *Mother's Birthplace* Swan Neck Md.
8. *Full Name of Father* Joseph Fleming
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Roanoke Va.

Name of Medical Attendant, or other Person who makes this Return. Mary A. Dickerson

Address 108 Leadenhall Street

Remarks Twin Before. Nanda Fleming 1874 Lina Fleming

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26301

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

11

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	—
3. Date of Birth	15th August 1878
4. Place of Birth (Street and Number)	191 Light st.
5. Full Name of Mother	Katharine Vample
6. Mother's Maiden Name	Shepbach
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Vample
9. Father's Occupation	Bar Keeper
10. Father's Birthplace	Kur-Hessen — Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mary Kyle
Address	328 South Eutaw St
Remarks	

RETURN OF A BIRTH.

26302

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August. 15-1878
4. *Place of Birth (Street and Number)* 224 Chesnut st
5. *Full Name of Mother* Ella Wilson
6. *Mother's Maiden Name* " Rott
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John J. Mitchell
9. *Father's Occupation* Salesman
10. *Father's Birthplace* New York.

Name of Medical Attendant, or other Person who makes this Return. Edward P. McDivitt

Address 107 N. Eutaw st

Remarks

RETURN OF A BIRTH.

26303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 30 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colard
3. Date of Birth Aug 15
4. Place of Birth (Street and Number) Baltimore 309 Howard st
5. Full Name of Mother Agnes Morisen
6. Mother's Maiden Name Tobyn
7. Mother's Birthplace Kent Island
8. Full Name of Father Albert Morisen
9. Father's Occupation Waiter
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return Amelie Wilson
Address 385 Cross street
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26304

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Nr 6

1. *Sex (state whether Male or Female)* M
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 15th 10 a m.
4. *Place of Birth (Street and Number)* No 277 W. Pratt Str
5. *Full Name of Mother* Mary Hochhalder
6. *Mother's Maiden Name* Merry Biegold
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frantz Hochhalter
9. *Father's Occupation* Tayler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. John S. Fitzer M.D.

Address 81 Hurd Calvert St.

Remarks A Regular Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26305

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16 August
4. Place of Birth (Street and Number)	196 Chestnut St
5. Full Name of Mother	Mary Collins
6. Mother's Maiden Name	Eastman
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Collins
9. Father's Occupation	Meat Cleanser
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula A. Shipman
Address	No 1 Forrest Place
Remarks	

RETURN OF A BIRTH.

26306

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 16th 1878
4. Place of Birth (Street and Number)	133 Basse St.
5. Full Name of Mother	Emma P. Alexander
6. Mother's Maiden Name	Watkins
7. Mother's Birthplace	Maryland
8. Full Name of Father	Math[d] E. Alexander
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	R. C. Lee
Address	Hanover & Barre Sts.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96307

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 16th 1878
4. *Place of Birth (Street and Number)* 230 S. Central Ave.
5. *Full Name of Mother* Marie Hainiller
6. *Mother's Maiden Name* M. Bremer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Wilhelm Hainiller
9. *Father's Occupation* Carpenter Trimmer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. M. R. Rudiger

Address 134 S. Bond St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26308

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 16th 1878
4. *Place of Birth (Street and Number)* 196 Argyle Ave
5. *Full Name of Mother* Alice Mc Neile
6. *Mother's Maiden Name* " Ryanhart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hugh Mc Neile
9. *Father's Occupation* Ork Dealer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. P. C. Williams

Address 201 Madison Ave

Remarks

RETURN OF A BIRTH. 26309

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* ~~Female~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Augt 16th 78
4. *Place of Birth (Street and Number)* 71 Mosher St
5. *Full Name of Mother* Martha Dawson
6. *Mother's Maiden Name* Chamblin
7. *Mother's Birthplace* Leesburg Loudoun Co Va
8. *Full Name of Father* R. J. Dawson
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Loudoun Co Va

Name of Medical Attendant, or other Person who makes this Return. A. H. Powell M.D

Address 87 Franklin St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26310

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Augt 16th
4. *Place of Birth (Street and Number)* No 136 German
5. *Full Name of Mother* Mary E. Gale
6. *Mother's Maiden Name* Mary E Jones
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William E. Gale
9. *Father's Occupation* Labror
10. *Father's Birthplace* Prince summs Somerset Co

Name of Medical Attendant, or other Person who makes this Return. Sarah Jones

Address No 67 Wilkens Alley

Remarks

RETURN OF A BIRTH. 26311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEPT.
AUG
19
1978
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6. 11r
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	This Aug. 16. 1878
4. Place of Birth (Street and Number)	No. 51. My. James
5. Full Name of Mother	D. Falb
6. Mother's Maiden Name	D. Fei
7. Mother's Birthplace	Germany
8. Full Name of Father	C. Falb
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catharn Horner
Address	No. 106. West St. Balto
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26312

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Aug. 16th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 16th 1878
4. *Place of Birth (Street and Number)* 294 South Ann st
5. *Full Name of Mother* Elora Neubauer
6. *Mother's Maiden Name* Elora Mönch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Neubauer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. Mary Arend

Address 137 South Wolfe Street

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26313

HEALTH DEPARTMENT BALTIMORE AUG 20 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* ____
3. *Date of Birth* 16 August 1878
4. *Place of Birth (Street and Number)* Orchard Street
5. *Full Name of Mother* Carolina Uhlfelder
6. *Mother's Maiden Name* Tahlheimer
7. *Mother's Birthplace* U S
8. *Full Name of Father* Meier Uhlfelder
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address No 52 E. Lombard St.

Remarks ____

RETURN OF A BIRTH.

26314

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	August 16th 1878
4. *Place of Birth (Street and Number)*	No 8 Cathedral St
5. *Full Name of Mother*	Annie O. Davis
6. *Mother's Maiden Name*	Annie E. Talbott.
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	David Davis
9. *Father's Occupation*	Waiter
10. *Father's Birthplace*	Richmond Va.
Name of Medical Attendant, or other Person who makes this return	Mrs Jane Winnebarger
Address	No 23 N. Liberty St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26315

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 9th

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (~~if not of the white race~~)* Black
3. *Date of Birth* August 16th 1878
4. *Place of Birth (Street and Number)* 70 N. Dallas St
5. *Full Name of Mother* Elenora Lavall
6. *Mother's Maiden Name* " Bowser
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Charles F. Lavall
9. *Father's Occupation* Engineer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. W. L. Russell

Address Broadway & Madison Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26316

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 16th 1878
4. Place of Birth (Street and Number)	No 74 S Exeter St
5. Full Name of Mother	Emma J Benner
6. Mother's Maiden Name	Emma J Weiler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Benjamin D Benner
9. Father's Occupation	Can Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Mnell
Address	286 N Donogh St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26317

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 16 1878
4. Place of Birth (Street and Number)	102 Cookrie st Locust Point
5. Full Name of Mother	Mary Greeves
6. Mother's Maiden Name	Mary Allen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Greeves
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

RETURN OF A BIRTH.

26318

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Friday 16th August
4. Place of Birth (Street and Number) 109 N. Gay St
5. Full Name of Mother Amelia Amerain
6. Mother's Maiden Name Amelia Granger
7. Mother's Birthplace Baltimore
8. Full Name of Father John Amerain
9. Father's Occupation Driver of Furniture Wagon
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Lourbon Raiford Galveston

Address No 26 N Lurwood Street

Remarks

WM. J. C. DULANY & Co. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26319

HEALTH DEPARTMENT AUG 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)	
1. Sex (state whether ~~Male~~ or ~~Female~~)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 16/78 ~~1878~~
4. Place of Birth (Street and Number)	63 St Peter St
5. Full Name of Mother	Emma Ennis
6. Mother's Maiden Name	Emma Lepson
7. Mother's Birthplace	Balto. Md
8. Full Name of Father	Wm Ennis
9. Father's Occupation	Mechanic
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	A L Sparrow
Address	379 W Lombard
Remarks	

RETURN OF A BIRTH.

26320

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th of August 1878
4. *Place of Birth (Street and Number)* 128 Raborg st
5. *Full Name of Mother* Margaret Regina Dinderlei
6. *Mother's Maiden Name* Margaret Regina Beinioc
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Dinderlei
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address No 14 Union St

Remarks

RETURN OF A BIRTH.

26321

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colard
3. Date of Birth Aug 16
4. Place of Birth (Street and Number) Baltimore Howard 380
5. Full Name of Mother Emilie Spence
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore
8. Full Name of Father Robert Tomas
9. Father's Occupation Drayman
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Annelizi Wilcox

Address 385 Cross Street

Remarks

RETURN OF A BIRTH.

26329

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White American
3. Date of Birth	August 17th 1878
4. Place of Birth (Street and Number)	Cor. Clifton st & Park ave Balto.
5. Full Name of Mother	Mary Hezbel
6. Mother's Maiden Name	Mary Brenkman
7. Mother's Birthplace	Germany
8. Full Name of Father	Geo. H. Hezbel
9. Father's Occupation	Stone Mason
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Shlifer
Address	Cor Kennard & Loudon ave
Remarks	Fine healthy child

RETURN OF A BIRTH.

26323

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 19 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17th August 1878
4. Place of Birth (Street and Number)	311 West Orleans st
5. Full Name of Mother	Emma Speiler
6. Mother's Maiden Name	Emma Simons
7. Mother's Birthplace	York Pennsylvania
8. Full Name of Father	John J Simons
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Caroline Runk
Address	711 North Chapel st
Remarks	per John Kunkel
	Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

263214

AUG 20 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 17 August 1878
4. *Place of Birth (Street and Number)* 66 Balto Street
5. *Full Name of Mother* Magdalene Mohn
6. *Mother's Maiden Name*
7. *Mother's Birthplace* U S
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Casper

Address 52 E Lombard St.

Remarks

RETURN OF A BIRTH.

26322

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 17 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* august 17. 1878
4. *Place of Birth (Street and Number)* Bank st 76
5. *Full Name of Mother* Elizabeth Hennings
6. *Mother's Maiden Name* Elizabeth [redacted] Allwell
7. *Mother's Birthplace* Elizabeth a slave an anne county
8. *Full Name of Father* William a thomas
9. *Father's Occupation* rolling mill
10. *Father's Birthplace* anne county

Name of Medical Attendant, or other Person who makes this return full time

Address this child lived one hour

Remarks cause of death from a fall down stairs

mary corner 163 collington avenue

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26326

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)
1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race)
3. Date of Birth August 17th 1878
4. Place of Birth (Street and Number) 262 Eden st
5. Full Name of Mother Sarah Fairbank
6. Mother's Maiden Name " Duncan
7. Mother's Birthplace Baltimore City
8. Full Name of Father Charles A. Fairbanks
9. Father's Occupation School Teacher
10. Father's Birthplace Talbot County Maryland
Name of Medical Attendant, or other Person who makes this Return. Wm. L. Russell
Address Broadway & Madison
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26327

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th Maud Isabelle Brooks

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colt
3. Date of Birth 17 Aug. 78
4. Place of Birth (Street and Number) 252 Park ave
5. Full Name of Mother Columbia Brooks
6. Mother's Maiden Name " Ginglung
7. Mother's Birthplace md
8. Full Name of Father Joshua Brooks
9. Father's Occupation Blacksmith
10. Father's Birthplace md

Name of Medical Attendant, or other Person who makes this Return. A. Lamb Tarrytown

Address 129 N Broadway

Remarks Name added 11/24-1936 by undersigned - Clerk.

Maud Isabelle Brooks.

RETURN OF A BIRTH.

26328

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

CHILDREN AUG 21 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	17th of Aug 1878
4. *Place of Birth (Street and Number)*	18 Eden St
5. *Full Name of Mother*	Annie Gaylor
6. *Mother's Maiden Name*	Annie Kayser
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	George Kayser
9. *Father's Occupation*	Farmer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mary Wagner
Address	120 N Eden St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26329

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 17 th 1878
4. Place of Birth (Street and Number)	No 383 Charles st
5. Full Name of Mother	Helene Middelkamp
6. Mother's Maiden Name	Bishoph
7. Mother's Birthplace	Germaney.
8. Full Name of Father	Herman Middelkamp
9. Father's Occupation	Farmer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	C. Schroader midwife
Address	28 Cross st
Remarks	

RETURN OF A BIRTH.

26330

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) Colored
3. Date of Birth 17th Aug
4. Place of Birth (Street and Number) Raborg, No 211.
5. Full Name of Mother Maria Williams
6. Mother's Maiden Name Maria Durate
7. Mother's Birthplace Balt City
8. Full Name of Father John Williams
9. Father's Occupation Hodman
10. Father's Birthplace Anundel Co
Name of Medical Attendant, or other Person who makes this Return. Sam Cole
Address
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26331
26331

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 17th 1878
4. Place of Birth (Street and Number)	Baltimore Dolphin St No 86
5. Full Name of Mother	Mary Davis
6. Mother's Maiden Name	Hays
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Davis
9. Father's Occupation	Carpenter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mayfield
Address	No 122 Parkin St
Remarks	

RETURN OF A BIRTH.

26332

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 17th 1878
4. Place of Birth (Street and Number)	446 Light St
5. Full Name of Mother	Florence L. Hawkins
6. Mother's Maiden Name	Florence L. Mitchell
7. Mother's Birthplace	G. A. Co
8. Full Name of Father	Jno. W. Hawkins
9. Father's Occupation	Carter
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M.D.
Address	
Remarks	

Penalty. By Ordinance of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26333

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 2 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex (~~state whether Male~~ or Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth August 17th 1878
4. Place of Birth (Street and Number) No 137 Augusta st
5. Full Name of Mother Elenora B Willie
6. Mother's Maiden Name Elenora B Brown
7. Mother's Birthplace Balto Md
8. Full Name of Father Thomas D Willie
9. Father's Occupation Ice Cream Manufacturer
10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this return P Ridgway Andrè MD

Address No 1711 E Balto St

Remarks Born at about 5½ mo of uterin Gestation to day it appears to be healthy & active and is to (over)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

Smallest Live human Creature of 5½ mo & over

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26334

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, ~~2d~~, ~~3d~~, &c.)	1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Aug 17. 1878
4. Place of Birth (Street and Number)	S. Fiberstel str No 33.
5. Full Name of Mother	Mary Waylen
6. Mother's Maiden Name	Gottschmeier
7. Mother's Birthplace	Minchen Bavern
8. Full Name of Father	Heinrich Waylen
9. Father's Occupation	Milkman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. F. Rompach
Address	S. Wolfstr No 28
Remarks	Midwife

26335

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	17 of August 1878
4. *Place of Birth (Street and Number)*	№ 266 Battry Avenue
5. *Full Name of Mother*	Lila Mitchael
6. *Mother's Maiden Name*	Lila Ramer
7. *Mother's Birthplace*	Irland County Roscomen
8. *Full Name of Father*	John Mitchael
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germania Baiern
Name of Medical Attendant, or other Person who makes this return	Helena Grisheber
Address	№. 128 West St. Baltimore Md.
Remarks	

The any phy-sician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & Co. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26336

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	278 Hanover st.
4. Place of Birth (Street and Number)	17 August.
5. Full Name of Mother	Lizzie Brook
6. Mother's Maiden Name	Birch
7. Mother's Birthplace	Charles County, Md
8. Full Name of Father	Henry Brook
9. Father's Occupation	Merchant Tailor
10. Father's Birthplace	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	528 South Eutaw st
Remarks	

RETURN OF A BIRTH.

26337

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Collard
3. Date of Birth	August 17th 1878
4. Place of Birth (Street and Number)	No 23. Edward St
5. Full Name of Mother	Sussia Murray
6. Mother's Maiden Name	Connaway
7. Mother's Birthplace	Virginia
8. Full Name of Father	David Murray
9. Father's Occupation	Laboror
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. J. Butt.
Address	No 185 S.E. cor. Monument & Central av.
Remarks	Well.

Every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26338

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August the 17.th. 1878
4. Place of Birth (Street and Number)	No 244. N. Central av.
5. Full Name of Mother	Elizabeth Ortmann
6. Mother's Maiden Name	Elizabeth Ruberg.
7. Mother's Birthplace	Prussia Germany.
8. Full Name of Father	Henry Ortmann
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Prussia Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. A. Bull
Address	No 185 S. E. cor Monument & Central av.
Remarks	Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26339

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd 2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	August 1st 1878
4. *Place of Birth (Street and Number)*	698 N. Paca St
5. *Full Name of Mother*	Lena Goldstein
6. *Mother's Maiden Name*	" Beck
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Goldstein
9. *Father's Occupation*	Plumber
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Annie Meyer M.D.
Address	220 Pratt St
Remarks ———	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26340

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Aug. 18th 1878
4. Place of Birth (Street and Number) Webster Alley No 2
5. Full Name of Mother Mary Goddard
6. Mother's Maiden Name Mary Hopkins
7. Mother's Birthplace Ireland
8. Full Name of Father Joseph Goddard
9. Father's Occupation Hod Carrier
10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. E. G. Baldwin
Address N. Exeter St 124
Remarks

RETURN OF A BIRTH.

26311-1

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. AUG 19 1918 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male ~~or Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	8 oclock PM Sunday Aug 18th 1918
4. Place of Birth (Street and Number)	174 Chesapeake St
5. Full Name of Mother	Mary Ann Healy
6. Mother's Maiden Name	Mary Ann Mahler
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Healy
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	J E Richard M D
Address	38 O Donnell St
Remarks	Natural quick labor The Mother and Child are Now doing well and comfortable

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for failure to make Return in the City of Baltimore.

Print any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect, not exceeding $20 for each offence.

RETURN OF A BIRTH.

26312

HEALTH DEPARTMENT AUG 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) Colored
3. Date of Birth August 18th 1878
4. Place of Birth (Street and Number) No 71 Wane Street
5. Full Name of Mother Annie Johnson
6. Mother's Maiden Name
7. Mother's Birthplace Anapolis Maryland
8. Full Name of Father John Wesley Johnson
9. Father's Occupation Laborer
10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

263143

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. AUG 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Neger
3. Date of Birth	18 Aug 1878
4. Place of Birth (Street and Number)	55 S. Bethel St.
5. Full Name of Mother	Fanny Oriem
6. Mother's Maiden Name	Fisher
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm John Oriem
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gerhard Miller
Address	151 E Pratt St
Remarks	

RETURN OF A BIRTH.

263444

HEALTH DEPARTMENT
AUG 23 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 6th

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 18th 1878
4. *Place of Birth (Street and Number)* Meeldery st Extended no number
5. *Full Name of Mother* Mary L. Roberts
6. *Mother's Maiden Name* " " Riley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Valentine Roberts
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. W. L. Russell M. D

Address Broadway & Madison ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26345

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 18, 1878
4. Place of Birth (Street and Number)	No 445 E Fayette St
5. Full Name of Mother	Emma Walker
6. Mother's Maiden Name	Emma. Mizell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Leonard R. Walker
9. Father's Occupation	Engineer.
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 N Donogh St
Remarks	

RETURN OF A BIRTH.

26346

11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 4th August 1878
4. *Place of Birth (Street and Number)* No 6 Fork Pl
5. *Full Name of Mother* Martha Anderson
6. *Mother's Maiden Name* Martha Dailey
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Anderson
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Dr. Wm. Thomas

Address 1 Watkins, No. 78

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26347

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT AUG 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) F
2. Race or Color (if not of the white race) W
3. Date of Birth Aug 18
4. Place of Birth (Street and Number) N Fremont St
5. Full Name of Mother Caroline A Connelly
6. Mother's Maiden Name Bivin
7. Mother's Birthplace Mass
8. Full Name of Father Wm H V Connelly
9. Father's Occupation Bank Teller
10. Father's Birthplace Mass
Name of Medical Attendant, or other Person who makes this Return. Richard McSherry M D
Address 187 N Howard St
Remarks

Rule Adopted by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

263148

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 / 1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 18th 1878
4. *Place of Birth (Street and Number)*	No 29 Patterson Ave
5. *Full Name of Mother*	Louise M. Grossop
6. *Mother's Maiden Name*	" " Weber
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Willian Grossop
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	E. Schmidt
Address	
Remarks	No 474 S Arlington

It any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26349

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 22 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth,

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* August 18th 1878,
4. *Place of Birth (Street and Number)* 35 N. Front St.
5. *Full Name of Mother* Kate F. Leales,
6. *Mother's Maiden Name* Kate O. Cassidy,
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* William H. Leales,
9. *Father's Occupation* Newspaper Reporter,
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address No. 6 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26350

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	August 18th 1878
4. Place of Birth (Street and Number)	22 Hanover Str.
5. Full Name of Mother	Katie Patterson
6. Mother's Maiden Name	K. Schaffer.
7. Mother's Birthplace	York
8. Full Name of Father	James Patterson
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. Lina Hillegist.
Address	182 east Monument St.
Remarks	

RETURN OF A BIRTH.

26351

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 2nd 18 1878
4. *Place of Birth (Street and Number)* N. Dallas B. No. 231
5. *Full Name of Mother* Lily Jung
6. *Mother's Maiden Name* Lily Frostburg
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Jung
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas A No. 26

Remarks

RETURN OF A BIRTH.

26352

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 15th of August 1878
4. Place of Birth (Street and Number) Wells st
5. Full Name of Mother Margaret Mering
6. Mother's Maiden Name Mdgaret Stran
7. Mother's Birthplace Germany
8. Full Name of Father Peter Mering
9. Father's Occupation Hostler
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engeldinger

Address 1414 Union st

Remarks

Penalty Required by Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26353

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* August 18
4. *Place of Birth (Street and Number)* Baltimore 171 West
5. *Full Name of Mother* Elybert Jane Crosby
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Kent County Md
8. *Full Name of Father* James Crosby
9. *Father's Occupation* Labor
10. *Father's Birthplace* Kent County Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Caroline Forbes

Address No 9 Howes Court

Remarks

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

RETURN OF A BIRTH.

263354

HEALTH DEPARTMENT
AUG 25 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child, 3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 18th 1878
4. Place of Birth (Street and Number)	Baltimore No 50 St Louis
5. Full Name of Mother	Emma Virginia Bessey
6. Mother's Maiden Name	Emma Virginia Bessey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Nathaniel Bessey
9. Father's Occupation	Baltimore Tobacco
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catharine M. Bedford
Address	141 Orleans St.
Remarks	

Law relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26355

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3, 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 12th 1878.
4. *Place of Birth (Street and Number)* W. M. 86 Hanpstead
5. *Full Name of Mother* Emma Kraft
6. *Mother's Maiden Name* " " Luckider
7. *Mother's Birthplace* City
8. *Full Name of Father* Chr. Kraft
9. *Father's Occupation* Butcher
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Bank str

Remarks

RETURN OF A BIRTH.

96356

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 18th 1878
4. *Place of Birth (Street and Number)* 262 S. Bethel st
5. *Full Name of Mother* Bridget Ryan
6. *Mother's Maiden Name* " Ryan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Lorenz Ryan
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchman

Address 120 Bank Str.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96357

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Mal
2. *Race or Color (if not of the white race)*	Colrd
3. *Date of Birth*	18th Augt
4. *Place of Birth (Street and Number)*	9 Low Stret Baltimo
5. *Full Name of Mother*	Mary Lizzeth Bacon
6. *Mother's Maiden Name*	Mary Lizzeth Mitchen
7. *Mother's Birthplace*	Baltimo md
8. *Full Name of Father*	Samuel A Bacon
9. *Father's Occupation*	Water
10. *Father's Birthplace*	Baltimo. Cory md
Name of Medical Attendant, or other Person who makes this return	[illegible]
Address	38 Chatles Islan
Remarks	Forst St Baltimo

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26358

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

AUG 19 1878 REGISTRAR'S OFFICE BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	8. 8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sunday. Aug. 17. 1878
4. Place of Birth (Street and Number)	No. 6. Wall. St.
5. Full Name of Mother	M. Corcan
6. Mother's Maiden Name	M. Carvan
7. Mother's Birthplace	Ireland
8. Full Name of Father	J. Corcan
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Cathern Horner
Address	No. 106. West St.
Remarks	

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26359

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 19th 1878
4. Place of Birth (Street and Number)	193 Gough St.
5. Full Name of Mother	Annie Catherine Gardner
6. Mother's Maiden Nome	" " Hepburn
7. Mother's Birthploce	City
8. Full Nume of Father	Anthony B. Gardner
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	C. B. Jones M.D.
Address	406 E. Baltimore St.
Remarks	

RETURN OF A BIRTH.

26360

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Failure to Report Births in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 19th 8 30 A. M. Boy

4. Place of Birth (Street and Number) 219 Henderson St. Canton

5. Full Name of Mother Mary Louisa Rapp

6. Mother's Maiden Name Mary Louise Woodyard

7. Mother's Birthplace Wood Co. West Virginia

8. Full Name of Father James Polk Rapp

9. Father's Occupation Agent of the Consolidated Coal and Coke Co.

10. Father's Birthplace Washington Co. Md.

Name of Medical Attendant, or other Person who makes this Return. James E. Donnelle M.D.

Address

Remarks

RETURN OF A BIRTH.

26361

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race (if not of the white race)*
3. *Date of Birth* August 19th 1878
4. *Place of Birth (Street and Number)* No 156 N Wolf St
5. *Full Name of Mother* Henrietta Hatton
6. *Mother's Maiden Name* Henrietta Manngold
7. *Mother's Birthplace* Bremen
8. *Full Name of Father* Edward Hatton
9. *Father's Occupation* Wagon Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell

Address 286 N Donogh st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26362

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	19 of August 1878
4. *Place of Birth (Street and Number)*	Black Alley N. 98
5. *Full Name of Mother*	Sofhia Walter
6. *Mother's Maiden Name*	Sofhia Hammel
7. *Mother's Birthplace*	Germania Baden
8. *Full Name of Father*	Adam Walter
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germania Baiern
Name of Medical Attendant, or other Person who makes this return	Jakona Grishaber
Address	No 128 West Street Baltimore Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

FORM Issued by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26363

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. AUG 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	19th day of August
4. Place of Birth (Street and Number)	No 56 S. Fulton St B. M.
5. Full Name of Mother	Mary Rosendale.
6. Mother's Maiden Name	" " Rosemer.
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Cristopher Rosendale.
9. Father's Occupation	Painter man.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Miss Lindner
Address	No 45 Monroe St.
Remarks	

Penalty for neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

263614

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one 1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white race
3. Date of Birth	august the 19th
4. Place of Birth (Street and Number)	Baltimore fort av No 500
5. Full Name of Mother	Martha murphy
6. Mother's Maiden Name	Martha Farrell
7. Mother's Birthplace	virginia
8. Full Name of Father	John Murphy
9. Father's Occupation	laborer
10. Father's Birthplace	ireland
Name of Medical Attendant, or other Person who makes this Return.	Elizabeth Hathorn
Address	154 fort av
Remarks	

RETURN OF A BIRTH.

26365

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th August
4. Place of Birth (Street and Number)	165 Gough St
5. Full Name of Mother	Mary Smith
6. Mother's Maiden Name	Mary Armstramy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Samuel Smith
9. Father's Occupation	Santer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Laudia Wiley
Address	82 Patterson Park avnew
Remarks	

The Duties of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or the physical condition, whether still born or not, and name, nativity, and residence of the parents, and the maiden name of the mother, of such child or children.

Penalty imposed by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26366

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 19 th 1878
4. Place of Birth (Street and Number)	No 3 Winter st
5. Full Name of Mother	Mary Berenty
6. Mother's Maiden Name	Behrens. C
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Berenty
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Colnagarde midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

26367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 19th 1878
4. *Place of Birth (Street and Number)*	Hollins and Fremont St
5. *Full Name of Mother*	Christina Klingelhofer
6. *Mother's Maiden Name*	Koch
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Klingelhofer
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	E. Schmidt
Address	
Remarks	No 474 V A

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

26268

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH AUG 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	18 August
4. *Place of Birth (Street and Number)*	18 Brunner St
5. *Full Name of Mother*	Catharine Connoly
6. *Mother's Maiden Name*	Hefner
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Martin Connoly
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return	Ursula J Chrosmer
Address	No 7 Forrest Place
Remarks	

That Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

26369

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third -
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	August 19th 1878
4. Place of Birth (Street and Number)	#96 N. Schroeder
5. Full Name of Mother	Isabel Mc Hary
6. Mother's Maiden Name	Isabel Jamison
7. Mother's Birthplace	Balto. City
8. Full Name of Father	William Mc Hary
9. Father's Occupation	Restaurant keeper.
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St
Remarks	

Duty of Persons in Charge of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26370

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 19th 1878
4. Place of Birth (Street and Number)	Hanover & Baltimore
5. Full Name of Mother	Mary Martin
6. Mother's Maiden Name	Mary Tensmith
7. Mother's Birthplace	Germany
8. Full Name of Father	Jno Martin
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

Penalty of Law.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26371

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 19th 1878 6th P M.
4. Place of Birth (Street and Number)	Orleans st No 72
5. Full Name of Mother	Mary Walter
6. Mother's Maiden Name	Mary Zella
7. Mother's Birthplace	Baltimore Md. U.S.A.
8. Full Name of Father	George John Walter
9. Father's Occupation	House & Sign Painter
10. Father's Birthplace	Baltimore Md U.S of A.
Name of Medical Attendant, or other Person who makes this Return.	By Lewis Bros Phys & Surgeons
Address	No 26 N Frederick st
Remarks	

The Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26372

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 24 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	19 of August 1878
4. *Place of Birth (Street and Number)*	N 20 Johnson St,
5. *Full Name of Mother*	Mary Warner
6. *Mother's Maiden Name*	Mary Altrith
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Altrith
9. *Father's Occupation*	Miner
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Sabina Grishaber
Address	N 128 West St Baltimore Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Brief Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE.

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~) 1

1. *Sex* (*state whether Male or ~~Female~~*) Male
2. *Race or Color* (*if not of the white race*) White.
3. *Date of Birth* August 19th 1878.
4. *Place of Birth* (*Street and Number*) 318 E. Pratt st.
5. *Full Name of Mother* Clara Weil,
6. *Mother's Maiden Name* Clara Stern,
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Mayer Star Weil,
9. *Father's Occupation* Attorney at Law,
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell.

Address 207 S. Broadway.

Remarks Israelites,

Brief Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

263714

HEALTH DEPARTMENT
AUG 26 1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	19 August
4. Place of Birth (Street and Number)	395 Baltimore
5. Full Name of Mother	Charlotte Gazenheimer
6. Mother's Maiden Name	Hoble
7. Mother's Birthplace	Wurtemburg
8. Full Name of Father	Christian Gazenheimer
9. Father's Occupation	Painter
10. Father's Birthplace	Wurtemburg
Name of Medical Attendant, or other Person who makes this Return.	Mary Kath
Address	32 South Eutaw
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26375

HEALTH DEPT. AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 26 1878
4. *Place of Birth (Street and Number)* 178 Eden St
5. *Full Name of Mother* Barbry Waters
6. *Mother's Maiden Name* Barbee
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Waters
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Miss E Frost

Address 192 N Chester St

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26276

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 19th 1878.
4. *Place of Birth (Street and Number)* 212 Fayette str
5. *Full Name of Mother* Maggie Wunde
6. *Mother's Maiden Name* Devise
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Wunde
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs E Bussmann

Address 120 Bank str.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26377

11

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT
AUG 18 1978
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether [redacted] Female)

2. Race or Color (if not of the white race) White

3. Date of Birth Aug 9th

4. Place of Birth (Street and Number) 20 Forest Place

5. Full Name of Mother Alice Kalfin

6. Mother's Maiden Name " Retz

7. Mother's Birthplace Balto. City

8. Full Name of Father Michael Kalfin

9. Father's Occupation Tinner

10. Father's Birthplace Balto Md

Name of Medical Attendant, or other Person who makes this Return. E. Hall Rutledge

Address 151 Augusta St City

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26378

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 20 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state wheiher Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 20 August 1878
4. *Place of Birth (Street and Number)* 47 Pratt St
5. *Full Name of Mother* Lizie Bernhardt
6. *Mother's Maiden Name* Margarett
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Bernhard Bernhas
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dara Kasper

Address 52 E Lombardt St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26379

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 20 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 20 August 1878
4. Place of Birth (Street and Number) Canal Street
5. Full Name of Mother Margaretth Nelle
6. Mother's Maiden Name Mallony
7. Mother's Birthplace Ireland
8. Full Name of Father William Nelle
9. Father's Occupation Labrer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cassper
Address No 52 E. Lombard Street
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26380

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Aug. 20th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 20th 1878
4. *Place of Birth (Street and Number)* 214 Durham St.
5. *Full Name of Mother* Maggie Scheniewski
6. *Mother's Maiden Name* Maggie Wornak
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* France Scheniewski
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe Street.

Remarks F.

RETURN OF A BIRTH.

26381

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* august 20. 1878
4. *Place of Birth (Street and Number)* washington st 209
5. *Full Name of Mother* alice thomson
6. *Mother's Maiden Name* alice Swift
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* James J thomson
9. *Father's Occupation* Stevedore
10. *Father's Birthplace* Kentockey

Name of Medical Attendant, or other Person who makes this return mary corner 153

Address ellington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26382

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 20th 1878
4. *Place of Birth (Street and Number)* No 422 E Monument St
5. *Full Name of Mother* Josephine V. Lee
6. *Mother's Maiden Name* Josephine V. Arom
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Lee
9. *Father's Occupation* Florist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary A Atwell
Address 286 N Dough St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26383

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 August
4. Place of Birth (Street and Number)	30 Valley St
5. Full Name of Mother	Sarah Stack
6. Mother's Maiden Name	McCall
7. Mother's Birthplace	Philadel
8. Full Name of Father	Francis Stack
9. Father's Occupation	Tile casting
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula Schimmel
Address	114 F Fairmount Place
Remarks	

HEALTH DEPT. AUG 22 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26384

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 20th 1878
4. *Place of Birth (Street and Number)* No 193 East St.
5. *Full Name of Mother* Catherine Jane McShane
6. *Mother's Maiden Name* Mary Jane Affrayraux
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Francis McShane
9. *Father's Occupation* Brass finisher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other person who makes this Return Dina Hillegeist

Address No 162 east Monument Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26385

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether ~~Male~~ or Female)* White
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 20th 78
4. *Place of Birth (Street and Number)* 267 Columbia "
5. *Full Name of Mother* Mary Glenn
6. *Mother's Maiden Name* Hafan
7. *Mother's Birthplace* "Baltimore
8. *Full Name of Father* Patk Glenn
9. *Father's Occupation* Mechanic
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Bacon M.D.

Address 379 W. Lombard

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26386

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 20th 1878
4. *Place of Birth (Street and Number)* 6 Beaufort Ale
5. *Full Name of Mother* Theresa Lemige
6. *Mother's Maiden Name* J. Schenger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Th. Lemige
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 152 E. Monument St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26387

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 26. 1878
4. *Place of Birth (Street and Number)* N. Bond St. No. 265.
5. *Full Name of Mother* Virginia Heckmann
6. *Mother's Maiden Name* Virginia Herscheid
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Heinrich Heckmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas A. No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26388

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. Sex (state whether Male or Female)	Mall
2. Race or Color (if not of the white race)	
3. Date of Birth	August 20/78
4. Place of Birth (Street and Number)	Orleans st, No 378
5. Full Name of Mother	Hettie Angus
6. Mother's Maiden Name	Hettie Barnes
7. Mother's Birthplace	Fairfax Co Va
8. Full Name of Father	Cassius Angus
9. Father's Occupation	Boat Manufacturer
10. Father's Birthplace	Milford Conn
Name of Medical Attendant, or other Person who makes this Return	Thos Kuplish
Address	120 E Eastern Ave
Remarks	

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26389

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 August 1878
4. *Place of Birth (Street and Number)* 194 Chapel St.
5. *Full Name of Mother* Anne Harmann
6. *Mother's Maiden Name* Wertner.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Harmann
9. *Father's Occupation* Tailor.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this return Johanne Schulte

Address No. 302 Aisquith St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26390

HEALTH DEPARTMENT AUG 25 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 20 1878
4. Place of Birth (Street and Number)	Enson Street 79
5. Full Name of Mother	Mary E Harrison
6. Mother's Maiden Name	Mary E Mennir
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Albert W Harrison
9. Father's Occupation	Lithographic
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Marine
Address	378 East Monument
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26391

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Monday August 26th 1878
4. *Place of Birth (Street and Number)* 87 Milliman Street Baltimore Md
5. *Full Name of Mother* Lizzie Bond
6. *Mother's Maiden Name* Lizzie Stephney
7. *Mother's Birthplace* Annarundel County Md
8. *Full Name of Father* William Henry Lafayette Bond
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Delanies Valley Balto county md

Name of Medical Attendant, or other Person who makes this return Elizabeth Food Midwife

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26392

HEALTH DEPARTMENT
AUG 26 1874
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	~~20th August~~
3. Date of Birth	20th August
4. Place of Birth (Street and Number)	South Chester st No 213.
5. Full Name of Mother	Johanna ~~Postehr~~ Schroeder
6. Mother's Maiden Name	Johanna Postehr
7. Mother's Birthplace	Bielefeld Westphalen
8. Full Name of Father	Heinrich Charles August Schroeder
9. Father's Occupation	Porter
10. Father's Birthplace	Oedelsheim Kurhessen
Name of Medical Attendant, or other Person who makes this Return	Mrs. Münch
Address	94 Cedenhall st Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26393

RETURN OF A BIRTH.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* August 20th 1878
4. *Place of Birth (Street and Number)* No 15 Wayne st
5. *Full Name of Mother* Ann Maria Wilson
6. *Mother's Maiden Name* Ann Maria Parker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter Wilson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Pittsylvania Va.

Name of Medical Attendant, or other Person who makes this return Mrs Jane Wanebrown

Address No 23 N. Liberty st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That the Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

*That any

263911

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29th Aug 1878
4. *Place of Birth (Street and Number)* 66 Hanover St.
5. *Full Name of Mother* Louisa Wroten
6. *Mother's Maiden Name* Louisa Jones
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* W. G. Wroten
9. *Father's Occupation* Gilder & Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this return Henry Walker

Address [illegible]

Remarks [illegible]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Physicians and Midwives of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26395

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) South. irland

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 20 1878
4. *Place of Birth (Street and Number)* #87. S monument st Baltimore city
5. *Full Name of Mother* Margret Carroll
6. *Mother's Maiden Name* McCormack
7. *Mother's Birthplace* co. irland
8. *Full Name of Father* mwear Carroll
9. *Father's Occupation* Contractor
10. *Father's Birthplace* irland

Name of Medical Attendant, or other Person who makes this return ~~Attendant~~ Mrs Kennedy

Address a fine boy doing well 287 N William n

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Blanks furnished by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

26396

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 23 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th —

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Aug 21st

4. *Place of Birth (Street and Number)* No — E Chase St.

5. *Full Name of Mother* Mary Harrison

6. *Mother's Maiden Name* M C Cubbin

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John W. Harrison

9. *Father's Occupation* Bricklayer

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Wm Whitridge

Address

Remarks

Blank Registrations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26397

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth August 21

4. Place of Birth (Street and Number) 99 East Pratt

5. Full Name of Mother Annie Clara Thyers.

6. Mother's Maiden Name Annie " Shafer

7. Mother's Birthplace Germany

8. Full Name of Father Fred Thyers

9. Father's Occupation Teacher

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Colon D. Palmer M.

Address 18 E. Lex. Bough & Eden Sts

Remarks

Blank Forms for the Return of Births to the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 26398

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	21 August
4. Place of Birth (Street and Number)	Collison Court
5. Full Name of Mother	Mary Trusty
6. Mother's Maiden Name	Trusty
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wm Bannon
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 1 Forrest Place
Remarks	

To be filled up by the Boards of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26399

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21 August
4. Place of Birth (Street and Number)	197 Ensor St
5. Full Name of Mother	Mary Ennis
6. Mother's Maiden Name	Dick
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Caleghus Ennis
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Thomas J Johnsmeier
Address	No 1 Fairmont Ave
Remarks	

HEALTH 1878 BALTIMORE

Penalty for neglect of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

Que 26400

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

Name of Child: Theodore J. Requardt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* ~~Male~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 21st 1878
4. *Place of Birth (Street and Number)* 167 W. Fayette Str
5. *Full Name of Mother* Mary Requardt.
6. *Mother's Maiden Name* M. Smith
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Jacob Requardt.
9. *Father's Occupation* Restaurant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dona Hillegeist

Address 182 E. Monument Str

Remarks

Blank Registrars of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26101

HEALTH DEPARTMENT
AUG 26 1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 21/78
4. Place of Birth (Street and Number)	#5 S. Chapel St.
5. Full Name of Mother	Annie Bauer
6. Mother's Maiden Name	Annie Bitter
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Bauer
9. Father's Occupation	Cooper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. Lederer
Address	S. Chapel St
Remarks	

Extract Regulations of the Board of Health to secure correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26402

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 21. August 1878
4. *Place of Birth (Street and Number)* 61 Clinton St.
5. *Full Name of Mother* Lulu Eliemann.
6. *Mother's Maiden Name* Lamb.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Willi Eliemann
9. *Father's Occupation* Brickleyer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Johann Schulte

Address 12.32. Aliceanna St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

The ... physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26103

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 21. August 1878.
4. *Place of Birth (Street and Number)* 92 Bolton St.
5. *Full Name of Mother* Mary White.
6. *Mother's Maiden Name* Threthorst.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Bob. White.
9. *Father's Occupation* Copper
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this return Johann Shulter

Address 1532 Aliceanna St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

96404

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Aug. 21-'78-
4. *Place of Birth (Street and Number)*	#36 Penna. Avenue
5. *Full Name of Mother*	Theresa Rosenthal Kann
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Isaac Rosenthal
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	No. 112 N. Greene St
Remarks	

HEALTH DEPARTMENT BALTIMORE

Strict Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26405

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 21st of August.
4. *Place of Birth (Street and Number)* No 133 Saratoga St.
5. *Full Name of Mother* Mrs. Elisebeth Wissel
6. *Mother's Moiden Name* Elisebeth Linnenborn
7. *Mother's Birthplace* Oldenburg Dist Kloge Germany.
8. *Full Name of Fother* Francis Wissel
9. *Father's Occupation* Paper Hanging.
10. *Fother's Birthploce* Bavaria

Name of Medical Attendant, or other Person who makes this Return Mrs Lintner.

Address No 45 Monroe St.

Remarks

Extract Regulations of the Board of Health of the City of Baltimore.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26106

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 21. 1878.
4. *Place of Birth (Street and Number)* William st
5. *Full Name of Mother* Blanche R. Andrews
6. *Mother's Maiden Name* Blanche R Hollingshead
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Thomas Andrews
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Centreville Md.

Name of Medical Attendant, or other Person who makes this Return. T. Dougherty M. D.

Address 178 Penna Ave

Remarks

Extract Regulations of the Board of Health to secure a Prompt and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, omit or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26107

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	21st August 1878.
4. *Place of Birth (Street and Number)*	30 Centre St.
5. *Full Name of Mother*	Agnes Brown Stroud Mayfield
6. *Mother's Maiden Name*	" " Smith
7. *Mother's Birthplace*	Balt. City
8. *Full Name of Father*	John Edward Mayfield
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Balt City
Name of Medical Attendant, or other Person who makes this return	Mrs Jane Wheelbarger
Address	No. 23 N. Liberty St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the day of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26408

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. August 27th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex (state whether Male or Female)* Male ~~child~~
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 21st 1878
4. *Place of Birth (Street and Number)* Buren Street near 69
5. *Full Name of Mother* ~~Ellen~~ Daegle Ellen Daegle
6. *Mother's Maiden Name* Ellen Dooley
7. *Mother's Birthplace* County Wexford Ireland
8. *Full Name of Father* Gerald Power
9. *Father's Occupation* fire man American
10. *Father's Birthplace* County Wexford Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winneberger

Address No 23 N. Liberty st.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26109

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. AUG 28 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2. 2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Wensdgy. Aug. 21. 1878
4. Place of Birth (Street and Number)	Ford ave.
5. Full Name of Mother	Mary Simon
6. Mother's Maiden Name	Mary Otterbein
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Simon
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Cathern Korner
Address	No. 106. West. St.
Remarks	

RETURN OF A BIRTH.

26410

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th ch.

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) W

3. Date of Birth augt 21 1878

4. Place of Birth (Street and Number) N. 288. N Howard st Balt

5. Full Name of Mother Ellen Williams

6. Mother's Maiden Name Ellen Adams

7. Mother's Birthplace Balt Md

8. Full Name of Father Thomas Williams

9. Father's Occupation Painter

10. Father's Birthplace England

Name of Medical Attendant, or other Person who makes this Return. J H Watkins M D

Address 23. Franklin "

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26411

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	21 September August
4. Place of Birth (Street and Number)	2 N Eutaw pl
5. Full Name of Mother	Lizzie Wobble
6. Mother's Maiden Name	" Stinnard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Alexander Wobble
9. Father's Occupation	Taxedermist
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Mary Korb
Address	52 E South Entaw
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26112

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 22nd. 5.45 P.M. Twins 2nd Child.
4. Place of Birth (Street and Number) 214 E. Baltimore Street
5. Full Name of Mother Sarah Klumbacher
6. Mother's Maiden Name Sarah Hornig
7. Mother's Birthplace Baltimore
8. Full Name of Father L. Klumbacher
9. Father's Occupation Clothier
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. James E. Denicelle M.D
Address 299 E. Baltimore St
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26413

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. AUG 23 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	11th
1. Sex (~~state whether Male or Female~~)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	Aug 22nd 78.
4. Place of Birth (Street and Number)	82 E Lexington
5. Full Name of Mother	Wedonia Schlosser
6. Mother's Maiden Name	Wedonia Schlosser
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jos. D. Schlosser
9. Father's Occupation	Tailor.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John D. R. Myers M.D.
Address	" " City.
Remarks	

RETURN OF A BIRTH.

26 1 / 11

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 22nd 1878
4. Place of Birth (Street and Number)	No. 74 S. Eutaw St
5. Full Name of Mother	Charlotte Jane Brown
6. Mother's Maiden Name	Charlotte Jane Benner.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas H. S. Brown.
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Atwell
Address	28 So W Pratt st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26415

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 22d aug. 1878
4. *Place of Birth (Street and Number)* 179 Madison ave
5. *Full Name of Mother* Fanny E Gore
6. *Mother's Maiden Name* " " Stillwell
7. *Mother's Birthplace* Illinois
8. *Full Name of Father* A. P. Gore
9. *Father's Occupation* dentist
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Taneyhill

Address 129 N Biddle

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26416

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 22nd 1878
4. *Place of Birth (Street and Number)* 93 Hillen St
5. *Full Name of Mother* Emma Catherine Clayton
6. *Mother's Maiden Name* " " Belt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph B. Clayton
9. *Father's Occupation* Carriage Maker
10. *Father's Birthplace* Delaware Co. Penn.

Name of Medical Attendant, or other Person who makes this Return. R. H. Williams

Address 301 Madison Ave

Remarks

This was not born dead. R. H. W.

Extract from Regulations of the Board of Health of Baltimore City, relative to the Registration of Births.

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26417

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 22nd 1878
4. *Place of Birth (Street and Number)* Baltimore Haughes st 165
5. *Full Name of Mother* Kate Kelly
6. *Mother's Maiden Name* " Barrett
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Pathrick Kelly
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address No 220 Montgomery st

Remarks

Public Regulations of the Sanitary Police of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26418

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* August 22nd 1878
4. *Place of Birth (Street and Number)* No 60 Welcome alley
5. *Full Name of Mother*
6. *Mother's Maiden Name* Eliza J Wilson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Sarah Jones
Address No 67 Welcome alley
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26419

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 22d August 1878
4. Place of Birth (Street and Number) Bells st No 4
5. Full Name of Mother Gertrude Sievert
6. Mother's Maiden Name Gertrude Staen
7. Mother's Birthplace Germany
8. Full Name of Father Nicholas Sievert
9. Father's Occupation Seaman
10. Father's Birthplace Denmark

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26420

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colored
3. Date of Birth	22d August 1878
4. Place of Birth (Street and Number)	S. Bethel St No 196
5. Full Name of Mother	Anne Smith
6. Mother's Maiden Name	Anne Stewart
7. Mother's Birthplace	America
8. Full Name of Father	William Smith
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return	Mrs Jessica Krafft
Address	236 Canton Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26421

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	one
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white race
3. Date of Birth	august the 22 d
4. Place of Birth (Street and Number)	Baltimore Battery a i
5. Full Name of Mother	ida B Birch
6. Mother's Maiden Name	ida B Kirby
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Birch
9. Father's Occupation	glass Cutter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Elizabeth Hatborn
Address	1240 fort a v
Remarks	

RETURN OF A BIRTH.

2611221

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	"
3. Date of Birth	22 August
4. Place of Birth (Street and Number)	172 Eden St.
5. Full Name of Mother	Kate Shaffer
6. Mother's Maiden Name	Buschmann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Shaffer
9. Father's Occupation	Tailor
10. Father's Birthplace	Hessen-Darmstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kahl
Address	325 South Exeter St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the name of the parents, and the maiden name of the mother; and the number of children of the parents, and the maiden name of the mother; and the number of children

RETURN OF A BIRTH.

26123

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22 August 1878
4. *Place of Birth (Street and Number)* Caroline St
5. *Full Name of Mother* Margareth Schmith
6. *Mother's Maiden Name* Römer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fred K. Schmith
9. *Father's Occupation* Coar Mafr.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Carver

Address 52 E. Lombard St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26-2-11

HEALTH DEPARTMENT
SEP 19 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	august 22
4. *Place of Birth (Street and Number)*	no 14 b[illegible]
5. *Full Name of Mother*	lilly rich
6. *Mother's Maiden Name*	lily rich
7. *Mother's Birthplace*	cambridge md
8. *Full Name of Father*	rasbery jenivez
9. *Father's Occupation*	labour
10. *Father's Birthplace*	colbert county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Dorsey
Address	no 4 patapsco ave
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26423

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22d August 1878
4. *Place of Birth (Street and Number)* No 83 Rock st
5. *Full Name of Mother* Lena Sauerwein
6. *Mother's Maiden Name* Lena Thomas
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albrecht Sauerwein
9. *Father's Occupation* Hack Driver
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address 111 Union st

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26426

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 23 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth th .
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) brown skin th
3. Date of Birth august
4. Place of Birth (Street and Number) walkers court
5. Full Name of Mother anna dutton
6. Mother's Maiden Name anna dutton
7. Mother's Birthplace baltimore
8. Full Name of Father gerge smith
9. Father's Occupation labower
10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this Return. lydia somerville
Address clinton avenue
Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96427

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* A. M. 23rd of September.
4. *Place of Birth (Street and Number)* No 887 Walker Street.
5. *Full Name of Mother* Margret Millie's Becker.
6. *Mother's Maiden Name* Margret Millie's
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Becker
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sabrock.
Address No. 439 West Pratt Street.
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING
#26428

RETURN OF A BIRTH.

21429
26430

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d & 3d

1. Sex (state whether Male or Female) One of each.
2. Race or Color (if not of the white race) White -
3. Date of Birth August 23d 1878. 6 AM.
4. Place of Birth (Street and Number) #96 North Fremont St.
5. Full Name of Mother Evis Shawn
6. Mother's Maiden Name Evis Smith.
7. Mother's Birthplace Philadelphia
8. Full Name of Father James Shawn
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Delaware

Name of Medical Attendant, or other Person who makes this Return. Chas W Cropper M.D.
Address 343 Lexington St.
Remarks Twins - 10 minutes interval -

L.O.A. Breech

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26431

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. Sex (state whether Male or Female)	~~White~~ — Male
2. Race or Color (if not of the white race)	White —
3. Date of Birth	Aug 23-78 — 12 30 PM.
4. Place of Birth (Street and Number)	94 North Frenwood St.
5. Full Name of Mother	Mary Ellen ~~Jones~~ Bottom —
6. Mother's Maiden Name	M. E. Bowman.
7. Mother's Birthplace	Balto —
8. Full Name of Father	Samuel Bottom
9. Father's Occupation	Tinner
10. Father's Birthplace	Richmond.
Name of Medical Attendant, or other Person who makes this Return.	Chas W Cropper. m.d.
Address	343 Lexington St —
Remarks	

L. O. A.

RETURN OF A BIRTH.

26432

HEALTH DEPARTMENT
AUG
26
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY!

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 c

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 Aug 78
4. *Place of Birth (Street and Number)* 613 Aliceanna St.
5. *Full Name of Mother* Anne Rues.
6. *Mother's Maiden Name* Moor.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Henry Rues.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Johann Schultheis

Address 2702 Aliceanna St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26433

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Aug 23rd

4. Place of Birth (Street and Number) No 10 Chester st Baltimore Md.

5. Full Name of Mother Matilda Brownback

6. Mother's Maiden Name Matilda Maxwell

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Walter Brownback

9 Father's Occupation moulder

10. Father's Birthplace Pennsylvania.

Name of Medical Attendant, or other Person who makes this Return. H. A Davenport

Address 194 Bough St.

Remarks The mother & child doing well.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

264314
264315

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 27 1878
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th & 11th
1. Sex (state whether Male or Female)	Male & Female
2. Race or Color (if not of the white race)	White "
3. Date of Birth	Aug 23rd 1878
4. Place of Birth (Street and Number)	404 S. Charles st
5. Full Name of Mother	Virginia Ahlers
6. Mother's Maiden Name	Virginia Kuff
7. Mother's Birthplace	Illinois
8. Full Name of Father	Norman C. Ahlers
9. Father's Occupation	Grocer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96436

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th August 1878
4. Place of Birth (Street and Number)	474 Aisquith Alley.
5. Full Name of Mother	Anna Keller
6. Mother's Maiden Name	Anna Hoeman
7. Mother's Birthplace	Germany
8. Full Name of Father	Wallin Keller
9. Father's Occupation	Laborman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Dr. Patrick Kimball
Address	71 North Chapel & 11 Fells Point
Remarks	Dead

RETURN OF A BIRTH.

26143

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 23d 1878
4. Place of Birth (Street and Number)	58 N. Exeter St
5. Full Name of Mother	Mary Rosenheim
6. Mother's Maiden Name	Mary Fried
7. Mother's Birthplace	Baltimore Md
8. Full Name of Fother	Jacob Rosenheim
9. Father's Occupation	Salesman
10. Father's Birthplace	Baden Germany
Name of Medical Attendant, or other Person who makes this Return.	Leander Wm. Johnson
Address	No 26 E Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

134

RETURN OF A BIRTH.

26138

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 23rd 1878
4. Place of Birth (Street and Number)	38 Sharp street Alley.
5. Full Name of Mother	Lucinda M^c Downey.
6. Mother's Maiden Name	Same.
7. Mother's Birthplace	Eastern Shore - Virginia
8. Full Name of Father	John Webb
9. Father's Occupation	Whitewasher
10. Father's Birthplace	Eastern Shore - Maryland
Name of Medical Attendant, or other Person who makes this Return.	Ellen Brooks for D. H.
Address	42 Sharp street alley.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2611139

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twelfth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23. d. August 1878
4. Place of Birth (Street and Number)	3 Avon Highlandtown
5. Full Name of Mother	Anna Murch
6. Mother's Maiden Name	Anna Papp
7. Mother's Birthplace	Germany
8. Full Name of Father	Theador Murch
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Lydia Wiley
Address	M2 Patterson Park Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24111-0
24111-1

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4-5

1. *Sex (state whether Male or Female)* Male and Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~October~~ Aug 23 1878
4. *Place of Birth (Street and Number)* 76 Exeter St
5. *Full Name of Mother* Maggie Carey
6. *Mother's Maiden Name* Mary Murray
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Johny Carey
9. *Father's Occupation* Labor
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Miss E. Gray

Address 193 So Chester St

Remarks Health ?

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26412

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 23. 1878
4. Place of Birth (Street and Number)	1 Durham str No 37
5. Full Name of Mother	Margaretha Dimmerlein
6. Mother's Maiden Name	Berthold
7. Mother's Birthplace	Wisendich Bavern
8. Full Name of Father	Georg Dimmerlein
9. Father's Occupation	Earthworker
10. Father's Birthplace	Dreuschendorf Bavern
Name of Medical Attendant, or other Person who makes this Return.	Wm. F. Baumgarten
Address	S. Wolf str No 28
Remarks	Undrope

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26111-3

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY,

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth August 23rd 78

4. Place of Birth (Street and Number) 192 Lexington St.

5. Full Name of Mother Maggie E. Bowers

6. Mother's Maiden Name Maggie E. Lerson

7. Mother's Birthplace Massachusetts, Essex Co.

8. Full Name of Father John F. Bowers

9. Father's Occupation Finner

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John S. G. Hoge M.D.

Address City.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2611111

HEALTH DEPARTMENT AUG 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	W
3. Date of Birth	23 August
4. Place of Birth (Street and Number)	167 Sharp st
5. Full Name of Mother	Mary Shaffer
6. Mother's Maiden Name	" Wiseman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fredk W. Shaffer
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	32 South Eutaw st.
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26445

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23rd August 1878
4. Place of Birth (Street and Number)	463 Lexington st
5. Full Name of Mother	Annie E. Waterworth
6. Mother's Maiden Name	" Jones
7. Mother's Birthplace	Balto city
8. Full Name of Father	Alexander M. Waterworth
9. Father's Occupation	Tin + sheetiron worker
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Dunkler
Address	60 N. Schroeder
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26146

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

ord Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 23.
4. Place of Birth (Street and Number)	No 193 Chestnut
5. Full Name of Mother	Rose Norris.
6. Mother's Maiden Name	— McCabe
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas S. Norris
9. Father's Occupation	Stands in the Markets
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge
Address	
Remarks	

RETURN OF A BIRTH.

26147

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	August 23 1878
4. Place of Birth (Street and Number)	No 33 Miller Street
5. Full Name of Mother	Florence V Schott
6. Mother's Maiden Name	Florence V Lowrey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm Winfield Schott
9. Father's Occupation	Hucksler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Allwell
Address	286 McDonogh st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26448

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 23d August 1878
4. Place of Birth (Street and Number) 126 Howard st
5. Full Name of Mother Bridget Nolan
6. Mother's Maiden Name Bridget Rine
7. Mother's Birthplace Ireland
8. Full Name of Father Andrew Nolan
9. Father's Occupation Blacksmith
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsinger

Address 141 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26449

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. AUG 21 1878 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8th 1/1
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	24 George St
4. Place of Birth (Street and Number)	Aug 12 1878
5. Full Name of Mother	Reardon
6. Mother's Maiden Name	Courtney
7. Mother's Birthplace	Maryland
8. Full Name of Father	Reardon
9. Father's Occupation	Police Force
10. Father's Birthplace	—
Name of Medical Attendant, or other Person who makes this Return.	Richard McSherry M.D.
Address	189 N Howard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

Thist any physician. accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born at or their physical condition. whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26450

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First, 1
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 24/78
4. Place of Birth (Street and Number)	189 N. Fremont St.
5. Full Name of Mother	Emma Edwards,
6. Mother's Maiden Name	Johnson
7. Mother's Birthplace	Baltimore Co. Md.
8. Full Name of Father	States Edwards
9. Father's Occupation	Commission Merchant,
10. Father's Birthplace	New York State
Name of Medical Attendant, or other Person who makes this Return	H. K. Fiettenhoff M. D.
Address	77 George St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

261451

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	"Colored" - African Race
3. Date of Birth	August 24th 1878
4. Place of Birth (Street and Number)	#4 Lessier St.
5. Full Name of Mother	Mary Rose Flint
6. Mother's Maiden Name	Groomes
7. Mother's Birthplace	Balto. City
8. Full Name of Father	James William Flint
9. Father's Occupation	Barber
10. Father's Birthplace	Boston, Mass.
Name of Medical Attendant, or other Person who makes this Return	Louis W. Knight M.D.
Address	112 N. Greene
Remarks	

RETURN OF A BIRTH.

21652

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Aug. 24. 1878,
4. Place of Birth (Street and Number)	150 Mulberry St.
5. Full Name of Mother	Mina Riley.
6. Mother's Maiden Name	Lieburn.
7. Mother's Birthplace	Baltimore,
8. Full Name of Father	Charles Riley,
9. Father's Occupation	Plumber.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan.
Address	175 Saratoga
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2644-53

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 21 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 24 1878
4. *Place of Birth (Street and Number)* Castel Gasse w. Mottrom a. Thames.
5. *Full Name of Mother* Liseta Pfeiffer
6. *Mother's Maiden Name* Liseta Kuhling
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Eadon Pfeiffer
9. *Father's Occupation* Partner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. M. Lecudge

Address 134 N. Eden St

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* ~~White~~ Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24th August 1878
4. *Place of Birth (Street and Number)* 166 N. Caroline st
5. *Full Name of Mother* Dora Erich
6. *Mother's Maiden Name* Dora Liechfried
7. *Mother's Birthplace* America
8. *Full Name of Father* John Erich
9. *Father's Occupation* Seamen
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26133

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Col
3. *Date of Birth* 24th aug
4. *Place of Birth (Street and Number)* No 80 Lodenhal St
5. *Full Name of Mother* Virginia Holmes
6. *Mother's Maiden Name* Virginia Robinson
7. *Mother's Birthplace* Dorchester Co
8. *Full Name of Father* Isaiah Holmes
9. *Father's Occupation* Brick maker
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this return Sarah Wilson

Address 232 Hughes St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ceet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

261-56

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~) 4 b

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 24. 1878
4. *Place of Birth (Street and Number)* Aldenstr No 422
5. *Full Name of Mother* Franziska Schuster
6. *Mother's Maiden Name* Dietrich
7. *Mother's Birthplace* Hyrzendorf Bayern
8. *Full Name of Father* Sebastian Schuster
9. *Father's Occupation* Kaufmann
10. *Father's Birthplace* Schwabenhausen Bayern

Name of Medical Attendant, or other Person who makes this Return. Mrs. F. Baumgarten

Address S. Wolfstr No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26457

HEALTH DEPART. AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) ____

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Aug. 24. 1878
4. *Place of Birth (Street and Number)* S. Ebenstr No 117
5. *Full Name of Mother* Lene Lemke
6. *Mother's Maiden Name* Janotty
7. *Mother's Birthplace* Vollern Prussland
8. *Full Name of Father* Lebet Lemke
9. *Father's Occupation* Tinner Etschen
10. *Father's Birthplace* Schaden Prussland

Name of Medical Attendant, or other Person who makes this Return. Mrs F. Pfeifferath

Address S. Ebenstr No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26458

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 24th 78.
4. *Place of Birth (Street and Number)* W Hoffman 1 door from Linden ave
5. *Full Name of Mother* Caroline Schultz Coltman
6. *Mother's Maiden Name* Caroline Schultz
7. *Mother's Birthplace* Washington D C
8. *Full Name of Father* J H Coltman
9. *Father's Occupation* Broker
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. Edmund R Walker M D

Address 183 Linden ave

Remarks Labor 2 hours. L O A. Placenta adherent

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26159

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	Aug 24 1878
4. Place of Birth (Street and Number)	Maternity Hospital – 163 W. Lombard St
5. Full Name of Mother	Maggie Williamson
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Maryland
8. Full Name of Father	Wm Williamson
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Streett MD Resident Phys.
Address	Maternity Hospital – 163 W. Lombard St
Remarks.	Mother and Child doing well at present writing

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26460

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	Aug. 24 1878
4. Place of Birth (Street and Number)	Maternite Hospital 163 W Lombard St
5. Full Name of Mother	Minnie Miller
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Md.
8. Full Name of Father	Mr. Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	Dand Streett MD Resident Phys
Address	Maternite Hospital 163 W. Lombard St.
Remarks	Mother and child doing well at present writing

RETURN OF A BIRTH.

26161

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 24 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) Third.

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 24th 1878.
4. *Place of Birth (Street and Number)* 275 E. Pratt st.
5. *Full Name of Mother* Hellen Mar Fry,
6. *Mother's Maiden Name* Hellen Mar Hellen,
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Late Captain John Edward Fry.
9. *Father's Occupation* Mariner,
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell.

Address 207 S. Broadway,

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26462

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	augst. 24th
4. *Place of Birth (Street and Number)*	106 henrietta
5. *Full Name of Mother*	lucy hall
6. *Mother's Maiden Name*	lucy travis
7. *Mother's Birthplace*	westmoreland co
8. *Full Name of Father*	john hall
9. *Father's Occupation*	labour
10. *Father's Birthplace*	virginia
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 phillips court
Remarks	delicate child

Street Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26463

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth August 24th

4. Place of Birth (Street and Number) 44 Portland St.

5. Full Name of Mother Katie Roemer

6. Mother's Maiden Name " Lind

7. Mother's Birthplace Baltimore County

8. Full Name of Father Charles Roemer

9. Father's Occupation Shoemaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Anna Landa 60 Shirley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

264611

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1452 East Balto St.
4. *Place of Birth (Street and Number)* 24th August 1878
5. *Full Name of Mother* Kate Hoke.
6. *Mother's Maiden Name* Kate Hammer
7. *Mother's Birthplace* Richmond Virginia
8. *Full Name of Father* Chas. Hoke.
9. *Father's Occupation* Machine
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this return — Wm. Waltz

Address 1252 East Baltimore St.

Remarks Baltimore Co.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

ract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26463

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 1878
4. *Place of Birth (Street and Number)*	# 207 E. Lombard Ster
5. *Full Name of Mother*	Mrs N. Roades
6. *Mother's Maiden Name*	Mary Nelson
7. *Mother's Birthplace*	Md
8. *Full Name of Father*	John Roades
9. *Father's Occupation*	waterman
10. *Father's Birthplace*	England
Name of Medical Attendant, or other Person who makes this Return	Mrs Mary E. Simms
Address	# 23 N Washington Ster
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26466

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Children
1. Sex (state whether Male or Female)	Last a Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 of January 1878
4. Place of Birth (Street and Number)	148 Washington st
5. Full Name of Mother	Josepin Lingle
6. Mother's Maiden Name	Josephin Mueller
7. Mother's Birthplace	Germany
8. Full Name of Father	Anton Mueller
9. Father's Occupation	Shoemaker
10. Father's Birthplace	French
Name of Medical Attendant, or other Person who makes this Return.	Dr Crescent Dr Kunkel
Address	11 North Charles st Dr John Kunkel
Remarks	Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26467

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	24 August 1878
4. Place of Birth (Street and Number)	213 S. Eden [illegible]
5. Full Name of Mother	Maggie Thompson
6. Mother's Maiden Name	M. Boon
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Daniel Thompson
9. Father's Occupation	Boss Keeper
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return	Mrs Sheehan
Address	33 Wan Wood St
Remarks	

RETURN OF A BIRTH.

261468

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Born Aug 25

4. Place of Birth (Street and Number) Baltimore 180 Hamburg Street

5. Full Name of Mother Emilia Young

6. Mother's Maiden Name " Columbia

7. Mother's Birthplace Virginia

8. Full Name of Father Albert Young

9. Father's Occupation Fisher

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 343 Cross Street

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26469

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st White
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th August
4. Place of Birth (Street and Number)	57 Walker St
5. Full Name of Mother	Margaret Becker
6. Mother's Maiden Name	Hillen
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Becker
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2647C

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	25 Day of August 78
4. *Place of Birth (Street and Number)*	No 3 Patterson Ave
5. *Full Name of Mother*	Lisi Lorentz
6. *Mother's Maiden Name*	Born Braith
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William Lorentz
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Johanna Schulte
Address	302 Eutaw Ave
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

96171

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 25th 1878
4. *Place of Birth (Street and Number)*	184 East St.
5. *Full Name of Mother*	Sallie Stuck
6. *Mother's Maiden Name*	S. Thomas
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jos. Stuck
9. *Father's Occupation*	Stone cutter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dena Hillegeist
Address	182 E. Monument St.
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26172

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug. 25th 1878
4. *Place of Birth (Street and Number)* N Exeter st 80
5. *Full Name of Mother* Emma Retta McDowel
6. *Mother's Maiden Name* Emma Retta Mitchel
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* William Henry McDowel
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. E C Baldwin

Address 124 n Exeter st

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2641-73

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 25 1878
4. Place of Birth (Street and Number)	296 Penn Avenue
5. Full Name of Mother	Margaret Thompson
6. Mother's Maiden Name	" Taylor
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Otis P. Thompson
9. Father's Occupation	Letter Carrier
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Chas Fawcett M.D
Address	92 Mosher St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

96471

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 25th 1878
4. *Place of Birth (Street and Number)* 307 Cary st
5. *Full Name of Mother* Florence Young
6. *Mother's Maiden Name* " Dunbo
7. *Mother's Birthplace* Balt
8. *Full Name of. Father* Wm T Young
9. *Father's Occupation* Tayler
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Lemuel Stevens M D

Address 93 Park av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26475

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 25th
4. *Place of Birth (Street and Number)* 71 Lexington Avenue
5. *Full Name of Mother* Augusta L. Mills
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Capt. Robt. Mills
9. *Father's Occupation* Seaman
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. E. B. Britton M.D.
Address N. E. cor Broadway & Pratt St.
Remarks Premature birth — about the 7th month

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rest Room of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

26476

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	25th " Aug.t 1878.
4. Place of Birth (Street and Number)	No. 390 W. Lombard st.
5. Full Name of Mother	Ellen Amanda Gilbert.
6. Mother's Maiden Name	" " March.
7. Mother's Birthplace	Baltic city.
8. Full Name of Father	Coleman Smithson Gilbert.
9. Father's Occupation	Grocer
10. Father's Birthplace	Hartford Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Charles A Geiger M. D.
Address	No. 267 Druid Hill Ave.
Remarks	

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report in the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9164-77

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. AUG 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* august 25 1878
4. *Place of Birth (Street and Number)* 141 Hudson st
5. *Full Name of Mother* Julia gambel
6. *Mother's Maiden Name* Julia Buckley
7. *Mother's Birthplace* iseland
8. *Full Name of Father* daniel gambel
9. *Father's Occupation* laborer
10. *Father's Birthplace* ireland

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicean na st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26178

HEALTH DEPT. AUG 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	25th August
4. Place of Birth (Street and Number)	280 Cathedral St
5. Full Name of Mother	Catharine Clark
6. Mother's Maiden Name	Freman
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Clark
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Ursula Dehnsmen
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

26479.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colord race
3. *Date of Birth* Aug the 25 18 78
4. *Place of Birth (Street and Number)* Spring St 148
5. *Full Name of Mother*
6. *Mother's Maiden Name* Harriet Jayles
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Lucinda Woolford

Address 130 Nor Regester St Baltimore md

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96480

HEALTH DEPARTMENT
AUG
30
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* August 25th.
4. *Place of Birth (Street and Number)* Richelieu & Wauhob & Linst. Point.
5. *Full Name of Mother* Lena. Bishop.
6. *Mother's Maiden Name* Lena Sahrer.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jno. W. Bishop.
9. *Father's Occupation* Liquor Dealer.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr. Ebert.

Address

Remarks

FOR RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26181

51

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) five 5

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth August 25th 1878

4. Place of Birth (Street and Number) Forrest Street No 44

5. Full Name of Mother Mary E. Johnson

6. Mother's Maiden Name Mary E. Lane

7. Mother's Birthplace Baltimore City

8. Full Name of Father John H Johnson

9. Father's Occupation Whitewasher

10. Father's Birthplace Queen Anne County M D

Name of Medical Attendant, or other Person who makes this Return. Sophia Glinde

Address 135 Chesnut Street near Gay St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26482

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23th Aug. 1878
4. Place of Birth (Street and Number)	No. 3. S. Chester St.
5. Full Name of Mother	Annie Eliza Williams
6. Mother's Maiden Name	Wagner
7. Mother's Birthplace	Balto. City
8. Full Name of Father	John Herbert Williams
9. Father's Occupation	Carpenter
10. Father's Birthplace	Portsmouth. Va.
Name of Medical Attendant, or other Person who makes this Return.	E. P. Sons M.D.
Address	No. 406 E. Baltimore
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, if so or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26483

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 25 August 1878
4. *Place of Birth (Street and Number)* No 37 Albemarle St
5. *Full Name of Mother* Barbara Ford
6. *Mother's Maiden Name* Graft
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Ford
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E. Lombard St

Remarks

RETURN OF A BIRTH.

26184

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Rule.—That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Secret Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) 8 th

1. *Sex* (state whether ~~Male or~~ Female)
2. *Race or Color* (if not of the white race) Black
3. *Date of Birth* August 26 th 1878
4. *Place of Birth* (Street and Number) No 91 N Dallas st
5. *Full Name of Mother* Mariett Ann Gamby
6. *Mother's Maiden Name* " " Travers
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Wm E Gamby
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Wm L Russell

Address N W Cor Broadway & Madison ave

Remarks

RETURN OF A BIRTH.

D 1186

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	F.
2. Race or Color (if not of the white race)	
3. Date of Birth	August 25. 1878.
4. Place of Birth (Street and Number)	N. Chapel St.
5. Full Name of Mother	Kate Wells.
6. Mother's Maiden Name	Dunn.
7. Mother's Birthplace	Balto. City.
8. Full Name of Father	Frank Wells.
9. Father's Occupation	
10. Father's Birthplace	Balto. City.
Name of Medical Attendant, or other Person who makes this Return.	L. B. Gordon, M. D.
Address	311 N. Broadway.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect of Physicians, Midwives, or other persons in the City of Baltimore.

RETURN OF A BIRTH.

26186

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 25th 1878
4. *Place of Birth (Street and Number)* Albion House, 86 Cathedral St.
5. *Full Name of Mother* Ellen Eyre Poe
6. *Mother's Maiden Name* Ellen Eyre Conway
7. *Mother's Birthplace* Lynchburg Virginia
8. *Full Name of Father* Unknown
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this Return. W. T. Howard

Address 141 Mad. Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26457

GIVEN NAME ADDED 9-2-54

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

Name: George Edward Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Baltimore
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 25 August 1878
4. *Place of Birth (Street and Number)* Baltimore 63 Russum St between crow & Wales
5. *Full Name of Mother* Rebecca young
6. *Mother's Maiden Name* Rebecca Henson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George young
9. *Father's Occupation* Driving
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Edward Brooks

Address 210 Warner st between Crow and Wales

Remarks Mother dying Was Child is Well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26488

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 26 th 1878.
4. *Place of Birth (Street and Number)*	N. E. Cor. Alice & Ann 204.
5. *Full Name of Mother*	Evaline Martyns
6. *Mother's Maiden Name*	Kehe
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Herman Martins
9. *Father's Occupation*	Grocery
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Thomas Schulte
Address	Mercer St. 302.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 216189

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 20 th.
4. Place of Birth (Street and Number)	No 60 S. Poplar St.
5. Full Name of Mother	Josephine Weibl
6. Mother's Maiden Name	Joseph Zimmerman
7. Mother's Birthplace	George town D.C.
8. Full Name of Father	Daniel Weibl Jr.
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return.	M. J. Leman
Address	No 133 W. Mc Henry St.
Remarks	Healthy Baby.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26490

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 26th 1878
4. Place of Birth (Street and Number) N 130 W Madison St
5. Full Name of Mother Susan McKim Hayes
6. Mother's Maiden Name Susan McKim Gordon
7. Mother's Birthplace Baltimore
8. Full Name of Father John Hayes
9. Father's Occupation Merchant
10. Father's Birthplace Fredericksburg Virginia

Name of Medical Attendant, or other Person who makes this Return. F H Patterson M.D

Address N 114 Park Ave

Remarks

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rect Record of Births ... That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26491

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 25 1875 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 8
4. Place of Birth (Street and Number)	Baltimore, Charles St No 358 S
5. Full Name of Mother	Elizabeth Carney
6. Mother's Maiden Name	" Sweeney
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Carney " "
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Scarborough
Address	No 220 Montgomery St
Remarks	

rect Record of Vital Statistics in the City of

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2611921

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY. Aug. 28 1878

HEALTH DEPARTMENT AUG 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Aug. 26th 1878
4. *Place of Birth (Street and Number)* 56 Durham St.
5. *Full Name of Mother* Lizzie Meyer.
6. *Mother's Maiden Name* Lizzie Bethold
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Friedrich Meyer.
9. *Father's Occupation* Brewery.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.
Address 137 South Wolfe Street
Remarks

***66d Record of Vital Statistics in the City of Baltimore.**

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A[illegible]RTH. 26198

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
AUG 28 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 26th 1878
4. Place of Birth (Street and Number)	Little Stricker St No. 36
5. Full Name of Mother	Sarah Louisa McCain
6. Mother's Maiden Name	Sarah Louisa Ball
7. Mother's Birthplace	Baltimore City "
8. Full Name of Father	Wm W. McCain "
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	L. S. Snodnow M. D.
Address	N. Stricker St No 427
Remarks	

Next Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

D6 11911

HEALTH DEPARTMENT AUG 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 August
4. Place of Birth (Street and Number)	82 Front St
5. Full Name of Mother	Mary Mc Donough
6. Mother's Maiden Name	Maley
7. Mother's Birthplace	Ireland
8. Full Name of Father	Wm Mc Donough
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Amuel J Chrissman
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

26495

HEALTH DEPARTMENT
AUG 30 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26 of August 1878
4. Place of Birth (Street and Number)	69 Eutaw avenue
5. Full Name of Mother	Lucasia Myers
6. Mother's Maiden Name	Lucasia Sturges
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank Myers
9. Father's Occupation	Fisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Anderson
Address	No 10 Hays Alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26496

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~)	11 6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 26. 1878
4. Place of Birth (Street and Number)	Eastern Ave. No. 428
5. Full Name of Mother	Dunkunde Frohn
6. Mother's Maiden Name	Eberlein
7. Mother's Birthplace	Lauterbrunn
8. Full Name of Father	Georg Frohn
9. Father's Occupation	Lebrer
10. Father's Birthplace	Sulzbach Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Wm F. Baumgarten
Address	S. Wolfe St No 28
Remarks	Twin Male

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26497

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	10 to
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 26, 1878
4. Place of Birth (Street and Number)	Lombard str No 258
5. Full Name of Mother	Margaretha Brunner
6. Mother's Maiden Name	Wehner
7. Mother's Birthplace	Bad Bergen
8. Full Name of Father	Joseph Brunner
9. Father's Occupation	Tailor
10. Father's Birthplace	Wittelsheim Bergen
Name of Medical Attendant, or other Person who makes this Return	Wm. F. Baumgarth
Address	S. Wolfstr No 28
Remarks	Midwife

RETURN OF A BIRTH.

26498

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 26th of August 1878

4. Place of Birth (Street and Number) Exeter st No 89

5. Full Name of Mother Catherine Steiner

6. Mother's Maiden Name Catherine Deecker

7. Mother's Birthplace District of Kassel, Marburg in Hesse

8. Full Name of Father Andrew William Steiner

9. Father's Occupation Bricklayer

10. Father's Birthplace Treuen Durach, Bavaria

Name of Medical Attendant, or other Person who makes this Return. Madame Reis. Midwife

Address No 26 N. Frederick st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26499

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child, first life

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26th of August
4. *Place of Birth (Street and Number)* 498 Lexington St.
5. *Full Name of Mother* Christina Caroline Matilda Schwartz
6. *Mother's Maiden Name* " " Schultheis
7. *Mother's Birthplace* 159½ Mulberry St.
8. *Full Name of Father* Geo. Henry Schwartz
9. *Father's Occupation* Baker
10. *Father's Birthplace* Charles St.

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs. Emma C. Streeter

Remarks

RETURN OF A BIRTH.

26500

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	White Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	26th Aug 78
4. *Place of Birth (Street and Number)*	Dwelling 19 Eldon
5. *Full Name of Mother*	Mary A. Newman
6. *Mother's Maiden Name*	M. A. Chiles
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	John Newman
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Chas Watts
Address	125 N Carey
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

For Records of Births in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26501

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 11

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 August 1878
4. *Place of Birth (Street and Number)* N° 56 Canal St
5. *Full Name of Mother* Emilie Glaser
6. *Mother's Maiden Name* Norththal
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Glaser
9. *Father's Occupation* Bäcker
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

RETURN OF A BIRTH.

26502

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 26 August 1878
4. Place of Birth (Street and Number) 247 Eastern Ave.
5. Full Name of Mother Sara Lamm
6. Mother's Maiden Name Dirkins
7. Mother's Birthplace U S
8. Full Name of Father Henry Lamm
9. Father's Occupation Liquor Dealer
10. Father's Birthplace U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 C Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26503

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth August 26th 1878
4. Place of Birth (Street and Number) No 432 Bond st
5. Full Name of Mother Kate Feller
6. Mother's Maiden Name Gnichmer
7. Mother's Birthplace Baltimore
8. Full Name of Father Louis Feller
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Goetzke

Address No 55 S Bond st

Remarks

RETURN OF A BIRTH.

265011

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Aug 26th 1878

4. *Place of Birth (Street and Number)* 2 & 6 cor Penn & alley Penna Ave Sth Ft.

5. *Full Name of Mother* Eliz. B. Hess

6. *Mother's Maiden Name* Eliz Burkhammer

7. *Mother's Birthplace* Balto

8. *Full Name of Father* Geo. P. Hess.

9. *Father's Occupation* Farmer

10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address # 203 N Washington Ave

Remarks FP

RETURN OF A BIRTH.

26505

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 26th 1878
4. Place of Birth (Street and Number)	677 Penna. Ave.
5. Full Name of Mother	Margaret A. Stein
6. Mother's Maiden Name	Davis
7. Mother's Birthplace	St Clair Pa.
8. Full Name of Father	Henry Stein
9. Father's Occupation	Car Driver B. C. P. R. R. Co.
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	J. B. Christian M. D.
Address	431 Penna. Ave.
Remarks	

FEE Records of Births Returned to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26506

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth august 26 1878
4. Place of Birth (Street and Number) 193 union st
5. Full Name of Mother Hannah summers
6. Mother's Maiden Name ~~Hannah~~ hannah cline
7. Mother's Birthplace baltimore city
8. Full Name of Father John summers
9. Father's Occupation blacksmith
10. Father's Birthplace ~~baltimore~~ baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 133 alicanna st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26507

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th of August 1878
4. Place of Birth (Street and Number)	35 Hampstead st
5. Full Name of Mother	Josepha Borschens
6. Mother's Maiden Name	Josepha Hofmann
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Augustus Borschens
9. Father's Occupation	Sugar maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Midwife Theresa Eigeldinger
Address	14 Union st.
Remarks	

RETURN OF A BIRTH.

26508

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* August 26
4. *Place of Birth (Street and Number)* Baltimore 101 Hanover St
5. *Full Name of Mother* Maria Hollington
6. *Mother's Maiden Name* Maria Schwarz
7. *Mother's Birthplace* Obermeta/n Altenburg
8. *Full Name of Father* Ole Hollington
9. *Father's Occupation* Woodturner
10. *Father's Birthplace* China b/n Hamburg

Name of Medical Attendant, or other Person who makes this Return. Duncan Reid Jr Labunum

Address No 26 N Frederick St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26509

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 27th 1878
4. *Place of Birth (Street and Number)* 250 n Gay Str.
5. *Full Name of Mother* Mary Skipper
6. *Mother's Maiden Name* M. Dorsmann
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John F. Skipper
9. *Father's Occupation* Attorney at Law.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dona Hilleprot.

Address 182 E. Monument St.

Remarks

RETURN OF A BIRTH.

26510

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born at one or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th 1878

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 27th 1878
4. *Place of Birth (Street and Number)* 224 Franklin
5. *Full Name of Mother* Mary A. McNally
6. *Mother's Maiden Name* " Cook
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wm P. J. McNally
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo B Reynolds M.D.

Address 43 North Calvert St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 27 Aug 1876
4. *Place of Birth (Street and Number)* 171 S. Bond St.
5. *Full Name of Mother* Maria Anschutz
6. *Mother's Maiden Name* Barsch
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charly Anschutz
9. *Father's Occupation* Locksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Hilder

Address 151 E Pratt St.

Remarks

RETURN OF A BIRTH.

265791

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth 27th August 1878
4. Place of Birth (Street and Number) 269 S. Wolf st
5. Full Name of Mother Eliza Poell
6. Mother's Maiden Name Eliza Sprenkelman
7. Mother's Birthplace Germany
8. Full Name of Father Robert Poell
9. Father's Occupation Seaman
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Kraft

Address 236 Canton Avenue

Remarks

RETURN OF A BIRTH.

26513

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 27. 1878
4. *Place of Birth (Street and Number)* 2 Register St. No. 64.
5. *Full Name of Mother* Anna Horst.
6. *Mother's Maiden Name* Anna Wolf.
7. *Mother's Birthplace* Langsfeld Gr Hessen Germany
8. *Full Name of Father* Jakob Horst
9. *Father's Occupation* Cissors Grinder
10. *Father's Birthplace* Oberohmen. Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Report Mary E. Miller

Address N. Dallas St. No 26.

Remarks

RETURN OF A BIRTH.

965111

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	August 27 1878
4. Place of Birth (Street and Number)	No 115 S Brate St
5. Full Name of Mother	Sarah E Works
6. Mother's Maiden Name	Sarah E. Elliott
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George H. Works
9. Father's Occupation	Baltimore
10. Father's Birthplace	Iron Worker
Name of Medical Attendant, or other Person who makes this Return.	Mary E Mowell
Address	286 McDonough st
Remarks	

RETURN OF A BIRTH.

25515

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 & 9

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~Baltimore~~ Aug. 21st 1878
4. *Place of Birth (Street and Number)* Baltimore Bartlett St No 7
5. *Full Name of Mother* Mary Hodges
6. *Mother's Maiden Name* " Davis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Colin Hodges
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs C. Mitchell

Address No 140 Ramsey St

Remarks

RETURN OF A BIRTH.

26516

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 27th 1878
4. Place of Birth (Street and Number)	Baltimore Bartlett st. No. 24
5. Full Name of Mother	Sarah Howard
6. Mother's Maiden Name	Pysons
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Howard
9. Father's Occupation	Breaks. man
10. Father's Birthplace	Alex. Va.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. A. Mitchell
Address	No. 140 Ramsey St.
Remarks	

RETURN OF A BIRTH.

26517

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or address at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 27th 1878
4. Place of Birth (Street and Number)	No 58 Howard st
5. Full Name of Mother	Mary Knabe
6. Mother's Maiden Name	Suresh
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Knabe
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Loshgassen midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26518

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27th of August 1878
4. *Place of Birth (Street and Number)* No 69 Exeter St
5. *Full Name of Mother* Josephine Hammerschmidt
6. *Mother's Maiden Name* Hartman
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Jacob Hammerschmidt
9. *Father's Occupation* Horse Dealer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Louis V. Bogue M.D.

Address No 20 N Front St

Remarks

L L

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26519

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	13th
1. Sex (~~state whether~~ Male or ~~Female~~)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	August 27th 1878
4. Place of Birth (Street and Number)	28 N. Lombard St.
5. Full Name of Mother	Helen Gans.
6. Mother's Maiden Name	Helen Guggenheimer,
7. Mother's Birthplace	Bavaria, Germany
8. Full Name of Father	Herman Gans.
9. Father's Occupation	Merchant,
10. Father's Birthplace	Bavaria Germany
Name of Medical Attendant, or other Person who makes this Return.	John S. K. Strozier M.D.
Address	" "
Remarks	

26520

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child within the City of Baltimore, shall report to the registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or born, his or their physical condition, whether still born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children

HEALTH DEPARTMENT AUG 30 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth August 27th 1878
4. Place of Birth (Street and Number) # 135 North Armour St
5. Full Name of Mother Sydnia E Greenbrier
6. Mother's Maiden Name Townsend
7. Mother's Birthplace Union Town
8. Full Name of Father Thomas Edwin Greenbrier
9. Father's Occupation Tin & Sheet Iron Worker
10. Father's Birthplace Westminster

Name of Medical Attendant, or other Person who makes this Return. Clinton Maynard

Address # 65 North Paca St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26521

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug 27/78
4. Place of Birth (Street and Number) 27 Chemut Al
5. Full Name of Mother Marah Lazrus
6. Mother's Maiden Name
7. Mother's Birthplace Fredrick Co
8. Full Name of Father Wallam Lazrus
9. Father's Occupation barber
10. Father's Birthplace West river
Name of Medical Attendant, or other Person who makes this Return Arnold Proctor
Address No 10 Carlton st
Remarks

RETURN OF A BIRTH.

26522

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28th 1878
4. Place of Birth (Street and Number)	N. Stricker St
5. Full Name of Mother	Elizabeth Lydia Pitton
6. Mother's Maiden Name	Jinnem
7. Mother's Birthplace	New York City
8. Full Name of Father	Daniel J. Pitton
9 Father's Occupation	Gentleman
10. Father's Birthplace	Worcester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Wm H Mcmurray
Address	10 W Camden St
Remarks	

Fee Record of Births and Deaths.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

265213

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third
1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* brown skin
3. *Date of Birth* 28th of august 1878
4. *Place of Birth (Street and Number)* 706 saratoga st.
5. *Full Name of Mother* anna LeCum
6. *Mother's Maiden Name* anna jones
7. *Mother's Birthplace* worchester county
8. *Full Name of Father* james lecum
9. *Father's Occupation* huckster
10. *Father's Birthplace* accomac county va

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville
Address 13 Clinton avenue
Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

265211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 28th 1878
4. *Place of Birth (Street and Number)* N 95 W. Monument St
5. *Full Name of Mother* Ann Catherine W. Lilly
6. *Mother's Maiden Name* Ann Catherine W. Ludlow
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alonzo Lilly Jr.
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. Chatard M.D

Address N 114 Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26525

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 28th August 1878
4. *Place of Birth (Street and Number)* 168 Wilk st
5. *Full Name of Mother* Louisa Krummeck
6. *Mother's Maiden Name* Louisa Mahler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Krummeck
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Fredericka Kaufmann

Address 204 Dallas st

Remarks none

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26526

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	28 Aeigust
4. Place of Birth (Street and Number)	Dover St 18
5. Full Name of Mother	Elizibeth Drobisch
6. Mother's Maiden Name	Elizibeth Heidrich
7. Mother's Birthplace	Friedewald Germany
8. Full Name of Father	Paul Drobisch
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Mechritz Gamany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Dunsler 60 Exeter
Remarks	

RETURN OF A BIRTH. 26527

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* Aug. 28th 1878
4. *Place of Birth (Street and Number)* No. 89 Pierce st.
5. *Full Name of Mother* Francis Davis
6. *Mother's Maiden Name* " Watkins
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* John Davis
9. *Father's Occupation* Driver
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr. F. B. Gardner

Address 120 W. Greene st.

Remarks

Penalty. That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26528

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 28 August 1878
4. *Place of Birth (Street and Number)* N° 39 Hillen St.
5. *Full Name of Mother* Marie Marschal
6. *Mother's Maiden Name* Kelly
7. *Mother's Birthplace* U S
8. *Full Name of Father* Thomas Marschal
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Cooper

Address 52 E. Lombard St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26529

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 28th 1878
4. *Place of Birth (Street and Number)* 23 Chestnut str
5. *Full Name of Mother* Rebecca Woolford
6. *Mother's Maiden Name* " Myer
7. *Mother's Birthplace* " City
8. *Full Name of Father* Benj Woolford
9. *Father's Occupation* Ship Carpenter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Busselman

Address 120 Bank str.

Remarks

RETURN OF A BIRTH.

26530

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE SEP 13 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth August 28th 1878
4. Place of Birth (Street and Number) 297 N. Eden
5. Full Name of Mother Annie Sophia Burbage
6. Mother's Maiden Name " " Barnett
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Emry Burbage
9. Father's Occupation Salesman
10. Father's Birthplace Kent Co Md

Name of Medical Attendant, or other Person who makes this Return. Lew W. Harrison

Address 18 Bigelow St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

216531

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~) .....

1. *Sex* (*state whether Male or ~~Female~~*) ..... M
2. *Race or Color* (*if not of the white race*) ..... White.
3. *Date of Birth* ..... August 28th 1878.
4. *Place of Birth* (*Street and Number*) ..... 118 Bank St.
5. *Full Name of Mother* ..... Maria Dameron,
6. *Mother's Maiden Name* ..... Maria Muldoon,
7. *Mother's Birthplace* ..... Baltimore City Md.
8. *Full Name of Father* ..... Henry Clay Dameron,
9. *Father's Occupation* ..... Pilot.
10. *Father's Birthplace* ..... Northumberland County Virginia,

Name of Medical Attendant, or other Person who makes this return ..... Nicholas L. Dashiell

Address ..... 207 S. Broadway.

Remarks .....

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

26532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 28th 1878
4. Place of Birth (Street and Number)	247 Couple St.
5. Full Name of Mother	Rosa Elizabeth Lane
6. Mother's Maiden Name	Rosa E. Lane
7. Mother's Birthplace	Balto. Co. Md.
8. Full Name of Father	Chas. H. Lane
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes the Return.	Dr. A. Hagelin
Address	[illegible]
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26533

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Born August 28/1878
1. *Sex (state whether Male or Female)*	brown skin Male
2. *Race or Color (if not of the white race)*	Colored Child
3. *Date of Birth*	
4. *Place of Birth (Street and Number)*	N 18 [illegible] Row
5. *Full Name of Mother*	Marie Hunt
6. *Mother's Maiden Name*	Marie Williams
7. *Mother's Birthplace*	Calvert County
8. *Full Name of Father*	[illegible] Williams
9. *Father's Occupation*	Brick yard Summer Oyster [illegible]
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this return	Abarata Coates
Address	28 Wayne Street between [illegible]
Remarks	mother Well doing well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

265314

HEALTH DEPARTMENT AUG 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	August 25th
4. Place of Birth (Street and Number)	et 5 N. Fredrick st
5. Full Name of Mother	Mary M. Klein
6. Mother's Maiden Name	Mary M. Klein
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Klein
9. Father's Occupation	Cutler & Grinder
10. Father's Birthplace	Germanney.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rice
Address	N 26 N Broadway
Remarks	

RETURN OF A BIRTH.

26535

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 6 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White. "
3. *Date of Birth*	August 29th.
4. *Place of Birth (Street and Number)*	24 Cor of Boyd and Pop Glen Sts.
5. *Full Name of Mother*	Elenor Horton. "
6. *Mother's Maiden Name*	Elenor Weaver.
7. *Mother's Birthplace*	Baltimore Md.
8. *Full Name of Father*	Thomas Horton.
9. *Father's Occupation*	Store Keeper
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	M. J. L'Enan.
Address	No 435 N. Mc Henry st.
Remarks	Not very ~~Healthy~~ Healthy

26536

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 29th Aug.
4. *Place of Birth (Street and Number)* No 112 N. Fremont
5. *Full Name of Mother* Rosalia J. Strohmer
6. *Mother's Maiden Name* Eff
7. *Mother's Birthplace* Orban Bavaria
8. *Full Name of Father* Andrew Strohmer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Punzendorf Bavaria

Name of Medical Attendant, or other Person who makes this Return. Alex Lemke 60 Schroeder

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26537

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8rd

1. *Sex (state whether Male or Female)* Male William H.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* No. 55 S. Cambridge st
4. *Place of Birth (Street and Number)* August 29th 1878
5. *Full Name of Mother* Philgrate Mosel
6. *Mother's Maiden Name* [illegible] Deuschel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* William [redacted] Deuschel.
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No. 55 S. Bond st

Remarks

RETURN OF A BIRTH.

26538

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 29th
4. Place of Birth (Street and Number)	37 Cross
5. Full Name of Mother	[redacted] Sharrey[illegible]
6. Mother's Maiden Name	[illegible]
7. Mother's Birthplace	Balto
8. Full Name of Father	Frank Bantzey
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

26539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August 29th 1878
4. *Place of Birth (Street and Number)* 168 Milliman Str.
5. *Full Name of Mother* Dr Wagner
6. *Mother's Maiden Name* Dr Rahmer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Wagner
9. *Father's Occupation* Broom Factory
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegist
Address 182 E. Monument St.
Remarks

RETURN OF A BIRTH.

26340

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colord Race
3. *Date of Birth* Aug the 29 1878
4. *Place of Birth (Street and Number)* Dallis St no 88
5. *Full Name of Mother* Earline dorsey
6. *Mother's Maiden Name* Earline Lashley
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Eli Adorsey
9. *Father's Occupation* draman
10. *Father's Birthplace* harford County md

Name of Medical Attendant, or other Person who makes this Return. Lucinda Walford

Address 130 nor regester Baltimore

Remarks

RETURN OF A BIRTH. 26341

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	August 29 1878
4. Place of Birth (Street and Number)	No 123 Low Street
5. Full Name of Mother	Lillie Williams
6. Mother's Maiden Name	
7. Mother's Birthplace	Reisterstown Balt County
8. Full Name of Father	George Thomas Corporal
9. Father's Occupation	Grain Runner
10. Father's Birthplace	Norfolk Virginia
Name of Medical Attendant, or other Person who makes this Return.	Nurse Sophia Hines
Address	135 Chestnut St near Gay St
Remarks	

RETURN OF A BIRTH.

265112

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 29 1878
4. Place of Birth (Street and Number)	171 South Wolfe St.
5. Full Name of Mother	L. H. Kirsey
6. Mother's Maiden Name	Laura Haley
7. Mother's Birthplace	Delaware
8. Full Name of Father	W. Kirsey
9. Father's Occupation	Laborer
10. Father's Birthplace	Delaware
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary E. Simms
Address	223 Washington Ave
Remarks	F.P.

RETURN OF A BIRTH.

26543

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th August
4. Place of Birth (Street and Number)	135 Central Ave.
5. Full Name of Mother	Mary Elizabeth Schmidt
6. Mother's Maiden Name	Mary Elizabeth Wolf
7. Mother's Birthplace Baltimore	John Louis Schmidt
8. Full Name of Father	Cake Baker
9. Father's Occupation	
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Rice Gabaun
Address	No 26 N Eutaw Street
Remarks	

RETURN OF A BIRTH.

265144

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	August 30th 1878
4. *Place of Birth (Street and Number)*	# 59 Monroe St.
5. *Full Name of Mother*	Mrs Emma E White
6. *Mother's Maiden Name*	Emma E Banks
7. *Mother's Birthplace*	Baltimore Md
8. *Full Name of Father*	Robert T White
9. *Father's Occupation*	Sewing Machine Business
10. *Father's Birthplace*	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	Mrs Annie Leindner
Address	# 45 Monroe St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26571-5

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th August
4. Place of Birth (Street and Number)	158 Chestnut St
5. Full Name of Mother	Hannah Kelly
6. Mother's Maiden Name	Clark
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas Kelly
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Francis Thevenin
Address	No 1 Forrest Place
Remarks	

RETURN OF A BIRTH.

26544-6

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	29 August
4. Place of Birth (Street and Number)	28 Dungan Alley
5. Full Name of Mother	Maria Barach
6. Mother's Maiden Name	" Limanek
7. Mother's Birthplace	Lazan Bohemia
8. Full Name of Father	Josef Barach
9. Father's Occupation	Laborer
10. Father's Birthplace	Welwitz Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad.
Address	20 Barney St
Remarks	

RETURN OF A BIRTH.

26547

CERTIFICATE CORRECTED 10-13-83

To the Office of Registrar of Vital Statistics, Board of Health.

OCT 2 1878 HEALTH DEPARTMENT BALTIMORE

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name: Herbert Harring

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2cd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 29 th 1878
4. Place of Birth (Street and Number)	No 106 W. Fayette st
5. Full Name of Mother	Ella (Herring) Harring
6. Mother's Maiden Name	Schmidt
7. Mother's Birthplace	New Jersy
8. Full Name of Father	Peter (Herring) Harring
9. Father's Occupation	Harness maker
10. Father's Birthplace	New Jersy
Name of Medical Attendant, or other Person who makes this Return	Mrs M. A Butt
Address	No 185 S E cor. Monument & Centrell av
Remarks	Well

RETURN OF A BIRTH.

26518

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall stand, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* On the 30th of September.
4. *Place of Birth (Street and Number)* No 62 Walker Street.
5. *Full Name of Mother* Rosa. Bourough Wonder
6. *Mother's Maiden Name* Rosa Bourough.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* John Wonder.
9. *Father's Occupation* Labor.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Seebeck

Address No 139 West Pratt Strut

Remarks

RETURN OF A BIRTH. 26549

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6. 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 30th 1878
4. Place of Birth (Street and Number)	206 S. Charles St.
5. Full Name of Mother	Emma J. Mitchell
6. Mother's Maiden Name	Nee Sullivan
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jas. B. Mitchell
9. Father's Occupation	Book-Keeper
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	R. C. Lee
Address	Hanover & Barre sts
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26550

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* brown skin
3. *Date of Birth* 30th of august 1878
4. *Place of Birth (Street and Number)* 706 saratoga St
5. *Full Name of Mother* amanda Snede
6. *Mother's Maiden Name* amanda Belum
7. *Mother's Birthplace* worchester county md
8. *Full Name of Father* george Snede
9. *Father's Occupation* sailor
10. *Father's Birthplace* worchester county md

Name of Medical Attendant, or other Person who makes this Return. Lydia Somerville

Address 13 Clinton avenue

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26551

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	30 of August
4. *Place of Birth (Street and Number)*	Sarg Alley No 56
5. *Full Name of Mother*	Barbara Eisel
6. *Mother's Maiden Name*	Barbara Böhnlein
7. *Mother's Birthplace*	Baltimor
8. *Full Name of Father*	Nikalaus Eisel
9. *Father's Occupation*	Cafeur.
10. *Father's Birthplace*	Kengtom of Baiern
Name of Medical Attendant, or other Person who makes this return	Sabena Grishaber
Address	No 128 West St. Baltimor Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26539

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex (state whether Male or Female)* Male Austin Anthony
2. *Race or Color (if not of the white race)* 7/27/20 a.o.o.
3. *Date of Birth* August 30th 1878
4. *Place of Birth (Street and Number)* 72 Hanvilla Street
5. *Full Name of Mother* Mary Doni Leroy
6. *Mother's Maiden Name* Mary Wander
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Austin Doni Leroy
9. *Father's Occupation* Ship Caulker
10. *Father's Birthplace* Dunbrok Canada

Name of Medical Attendant, or other Person who makes this Return. D.K. Wiley

Address 252 Hanover Street

Remarks

RETURN OF A BIRTH.

26553

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Aug 30 1878
4. *Place of Birth (Street and Number)*	149 E Chapel Alley
5. *Full Name of Mother*	E. B. Jones
6. *Mother's Maiden Name*	E. B. Woodgood
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Henry Jones.
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs Mary E Simms
Address	#
Remarks	203 E Washington Alley

HEALTH DEPARTMENT AUG 26 1878 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

265511
HEALTH DEPARTMENT
SEP
3
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	31 August 1878
4. Place of Birth (Street and Number)	123 Canton
5. Full Name of Mother	Minnie Wolf
6. Mother's Maiden Name	Minnie Benz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Benz
9. Father's Occupation	Day Laborer
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return	Crescentia Kunkel
Address 71 North Chappel st	St John Kunkel
Remarks Healthy.	

Fee 25 cents by Law. Physicians in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26535

HEALTH DEPARTMENT
SEP
3
1878
BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White.
3. Date of Birth	30 day of August 1878
4. Place of Birth (Street and Number)	N. E. Abbott St.
5. Full Name of Mother	Marye. Bolek.
6. Mother's Maiden Name	M. Kralal
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Matey. Bolek.
9. Father's Occupation	Laberer.
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katerina Sirovek
Address	N. 41. Abbott St. Balto.
Remarks	Born Live.

RETURN OF A BIRTH.

26356

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 30th 1878
4. Place of Birth (Street and Number)	21 S. Dove
5. Full Name of Mother	Sarah R. Pike
6. Mother's Maiden Name	Sarah R. Lyman
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Lazarus T. Pike
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. L. McKim M.D.
Address	44 S. Broadway
Remarks	

RETURN OF A BIRTH.

26557

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c~~)	5 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug. 30. 1878
4. Place of Birth (Street and Number)	E. Wolfst No 118
5. Full Name of Mother	Mary Zinchner
6. Mother's Maiden Name	Kaufmann
7. Mother's Birthplace	Lockenberg Dest. Ungarn
8. Full Name of Father	Lorenz Zinchner
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Bavarien
Name of Medical Attendant, or other Person who makes this Return	Wm F. Baumgarten
Address	28th Wolfst No 28 Undertr
Remarks	Death 31. August. to Thrombus

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26558

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30 August 1878
4. *Place of Birth (Street and Number)* N 459 Saratoga Ave
5. *Full Name of Mother* Lizzie Miller
6. *Mother's Maiden Name* Lizzie Hendschein
7. *Mother's Birthplace* E. 168 South Bond Street
8. *Full Name of Father* Fredkr. Miller
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Ludwigsburg Würtemberg Germany

Name of Medical Attendant, or other Person who makes this Return. Miss Dumler

Address No 60 Schroder Str

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26559

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Aug 30 / 1878

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 30th 1878.
4. *Place of Birth (Street and Number)* 19 Linton St
5. *Full Name of Mother* Mary Horn
6. *Mother's Maiden Name* Mary Kapp
7. *Mother's Birthplace* America
8. *Full Name of Father* Charles Horn
9. *Father's Occupation* Watchman
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 137 South Wolfe St

Remarks —

RETURN OF A BIRTH.

216560

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Aug 30th 1878

HEALTH DEPARTMENT SEP 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 30th 1878
4. *Place of Birth (Street and Number)* 407 New Nine Inn St.
5. *Full Name of Mother* Katie Schmauser
6. *Mother's Maiden Name* Katie Scarfler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Schmauser
9. *Father's Occupation* Driver
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. M D Mary Amend

Address 137 South Wolfe St

Remarks [illegible]

26561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	30 Aug
4. Place of Birth (Street and Number)	401 N. Bradt St.
5. Full Name of Mother	Bertha Bordoch
6. Mother's Maiden Name	" Struckie
7. Mother's Birthplace	Poussin
8. Full Name of Father	Alexander Bordoch
9. Father's Occupation	Tailor
10. Father's Birthplace	Posen Germany. (Posin)
Name of Medical Attendant, or other Person who makes this Return.	Thos. Roth
Address	328 South Eutaw St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26562

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Aug 30th 1878
4. *Place of Birth (Street and Number)* 182 Eastern ave
5. *Full Name of Mother* Susia Kastner
6. *Mother's Maiden Name* " Lohmann
7. *Mother's Birthplace* German
8. *Full Name of Father* Anton Kastner
9. *Father's Occupation* Ice Driver
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Elizabeth Buschmann

Address 120 Bank ste.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26363

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 30th 1878
4. Place of Birth (Street and Number)	747 W. Baltimore
5. Full Name of Mother	Clara Steele Skurnick
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Louis Steele
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26564

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 30th of August
4. *Place of Birth (Street and Number)* 220 Eutaw St.
5. *Full Name of Mother* Mary Louisa Fredyrick
6. *Mother's Maiden Name* Mullican.
7. *Mother's Birthplace* Talbot County, Md.
8. *Full Name of Father* Adolphus Frederick.
9. *Father's Occupation* Cigar dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26565.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Emma Francis Roeske Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th August 1878
4. Place of Birth (Street and Number)	96 N. Poppleton St.
5. Full Name of Mother	Catharina Roeske
6. Mother's Maiden Name	Catharina Hoefling
7. Mother's Birthplace	Bavaria
8. Full Name of Father	John F. Roeske
9. Father's Occupation	Cabinet maker
10. Father's Birthplace	Province Brandenburg Prussia
Name of Medical Attendant, or other Person who makes this Return.	
Address	Corner of number 60 Schroeder
Remarks	GIVEN NAME ADDED 6-10-52

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26566

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Boie
2. Race or Color (if not of the white race)	White
3. Date of Birth	30. August
4. Place of Birth (Street and Number)	40 Barnes Str
5. Full Name of Mother	Marie Koukal
6. Mother's Maiden Name	" " Wagner
7. Mother's Birthplace	Germania
8. Full Name of Father	John Koukal
9. Father's Occupation	Laborer
10. Father's Birthplace	Bremerian
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnes Str
Remarks	

RETURN OF A BIRTH.

26367

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 30th. 1878.
4. Place of Birth (Street and Number)	Bellair av. Opposite Bowersmidt
5. Full Name of Mother	Dora Bowerice
6. Mother's Maiden Name	Dora Keller.
7. Mother's Birthplace	Wurtemburg Ger
8. Full Name of Father	David Bowerica
9. Father's Occupation	Beer Brewer
10. Father's Birthplace	Bowria Ger.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. J. Butt
Address	No 185 S.E. Cor. Monument & Central av.
Remarks	Well.

And any physician, accoucheur, midwife, or other person who shall neglect or refuse to furnish aforesaid, advice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26568

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 31st 1878
4. Place of Birth (Street and Number)	196 East Str.
5. Full Name of Mother	Mary Garvey
6. Mother's Maiden Name	M. Mannion
7. Mother's Birthplace	Balto.
8. Full Name of Father	Thos. Garvey
9. Father's Occupation	Brass finisher
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes the Return	Bena Hillegast
Address	182 E Monument
Remarks	

RETURN OF A BIRTH.

26567

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	31 De Aug 1878.
4. *Place of Birth (Street and Number)*	305 Lancaster
5. *Full Name of Mother*	Anny Stark
6. *Mother's Maiden Name*	Wilke
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Georg Stark
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this return	Thomas Leavitt 102 Allen
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26570

HEALTH DEPT. SEP. 6 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Yearly 9
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	Colared
3. Date of Birth	August 31st 1878
4. Place of Birth (Street and Number)	No 2 Inlaws
5. Full Name of Mother	Mary Elize Fidens
6. Mother's Maiden Name	Mary Eliz Bound
7. Mother's Birthplace	Harford Co Md
8. Full Name of Father	John Augs Fidens
9. Father's Occupation	Lamar
10. Father's Birthplace	Ac Co a mc Co Va
Name of Medical Attendant, or other Person who makes this Return.	No 42 Henry Ely Mary Eliz
Address	
Remarks	

RETURN OF A BIRTH.

26571

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* August 31st 1878
4. *Place of Birth (Street and Number)* Baltimore City College. Howard St.
5. *Full Name of Mother* Bettie D. Hennich
6. *Mother's Maiden Name* Bettie D. Daffin
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Louis A. Hennich
9. *Father's Occupation* Janitor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Jane Wimmenberger

Address No 23 N. Liberty St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26579

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether ~~Male or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* August the 31. 1878.
4. *Place of Birth (Street and Number)* S. Caroline St No 85.
5. *Full Name of Mother* Susie Fickler
6. *Mother's Maiden Name* Susie Henry
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* George Fickler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 26.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26573

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male "
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 31 August 1878
4. *Place of Birth (Street and Number)* No 58 Lombard St
5. *Full Name of Mother* Anna Lindenstruth
6. *Mother's Maiden Name* Poppe
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Lindenstruth
9. *Father's Occupation* Cigaren Maft
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Cassier

Address 52 E. Lombard St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26574

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race)
3. Date of Birth 31 August 1878
4. Place of Birth (Street and Number) Lombard St
5. Full Name of Mother Wilhelmine Gorst
6. Mother's Maiden Name Bonhagen
7. Mother's Birthplace Germany
8. Full Name of Father Henry Gorst
9. Father's Occupation Taylor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dora Cassen

Address 52 E Lombard St

Remarks

RETURN OF A BIRTH.

26575

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug 31 st 1878
4. Place of Birth (Street and Number)	No 354 Sharp st
5. Full Name of Mother	Franciska Gevenkourt
6. Mother's Maiden Name	Meistermann
7. Mother's Birthplace	America
8. Full Name of Father	Anton Gevenkourt
9. Father's Occupation	Wheelright
10. Father's Birthplace	Germantey.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwessa M.D. midwife
Address	218 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26576

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 31
4. Place of Birth (Street and Number)	Fairley St Baltimore
5. Full Name of Mother	Francis McCubbin
6. Mother's Maiden Name	Stanley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm McCubbin
9. Father's Occupation	House Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs A J Chrisman
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

26577

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Son 1 Children
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	31 August 1878
4. Place of Birth (Street and Number)	40 North Chapman
5. Full Nome of Mother	Estella Kuhn
6. Mother's Maiden Name	Estella Kuhn
7. Mother's Birthplace	Germany
8. Full Nome of Father	Joseph Kuhn
9. Fother's Occupation	Laborman
10. Father's Birthplace	Germany
Nome of Medical Attendant, or other Person who makes this Return.	Coerentte Kunkel
Address	71 North Chapped st p John Kunkel
Remarks	Healthy.

RETURN OF A BIRTH.

26878

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	(2d)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	August 31
4. Place of Birth (Street and Number)	214 Hanover St
5. Full Name of Mother	Mollie Tilyou
6. Mother's Maiden Name	" Harmon
7. Mother's Birthplace	Md
8. Full Name of Father	John Tilyou
9. Father's Occupation	Cigar Tier
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Charlotte A Lewis
Address	162 Hanover St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26579

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* colored child
3. *Date of Birth* August 31 1879
4. *Place of Birth (Street and Number)* No 17 Mulliken Street
5. *Full Name of Mother* Francis Amelia Distants
6. *Mother's Maiden Name* Francis Amelia Trusty
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Matthias Malachi Distants
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this return Charlotte Telton

Address 31 Forest st Baltimore Md

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
AUG
31
1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race) White,
3. Date of Birth August 31st 1878.
4. Place of Birth (Street and Number) 331 S. Pratt st.
5. Full Name of Mother Antoinette Beatrice Waggner.
6. Mother's Maiden Name Antoinette Beatrice Macali.
7. Mother's Birthplace Baltimore City Md.
8. Full Name of Father George Elliott Waggner.
9. Father's Occupation Merchant.
10. Father's Birthplace Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell.
Address 207 S. Broadway
Remarks Premature.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1879 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) white

3. Date of Birth Aug. 31 — 1878

4. Place of Birth (Street and Number) 28 Gough st.

5. Full Name of Mother Sarah Cooney

6. Mother's Maiden Name " Farley

7. Mother's Birthplace Scotland

8. Full Name of Father Patrick Cooney

9. Father's Occupation Ice driver

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. P. G. Daunicht M.D.

Address 27. N. Broadway.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, apply to attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of such birth, and color of the child so born, its sex, and such physical condition, whether still born or living, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26582

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male 3
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 1 1878
4. Place of Birth (Street and Number)	Parish st. 314 Baltimore
5. Full Name of Mother	George Anna Morisa
6. Mother's Maiden Name	George Anna goodwin
7. Mother's Birthplace	Washington
8. Full Name of Father	Francis Edward Morisa
9. Father's Occupation	Cabinet
10. Father's Birthplace	Howard E C M S
Name of Medical Attendant, or other Person who makes this Return.	Mrs Susannah Trueburger
Address	No 80 n Monroe st
Remarks	

28583

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 September
4. *Place of Birth (Street and Number)* 13 Central Ave
5. *Full Name of Mother* Elizabeth Hebber
6. *Mother's Maiden Name* Lammer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Herman Hebber
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Sophie Simon

Address No 70 Granby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

265814

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept 1 1878
4. *Place of Birth (Street and Number)*	102 Chappel Ave.
5. *Full Name of Mother*	Lenny Niemann
6. *Mother's Maiden Name*	Lenn Helm
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Georg Niemann
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Johanna Lauth [illegible]
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26585

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or ~~Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 M. 1st September, 1878.
4. *Place of Birth (Street and Number)* 681 Pennsylvania Avenue, Balt. City
5. *Full Name of Mother* Catharine Fillmore McIntyre
6. *Mother's Maiden Name* Catharine Fillmore
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* John Ambrose McIntyre
9. *Father's Occupation* Car Driver - B. & P. R. R. Co
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Worth M.D.

Address 148 W. Howard St

Remarks

RETURN OF A BIRTH.

26586

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 1st. 1878
4. Place of Birth (Street and Number)	Cor. Bethel & Millington. sts.
5. Full Name of Mother	Mary Catherine Boyd
6. Mother's Maiden Name	" " Gregg
7. Mother's Birthplace	Washington. D.C.
8. Full Name of Father	Jno. Geo. Boyd
9. Father's Occupation	Tanner & Maker
10. Father's Birthplace	Baltimore. Md.
Name of Medical Attendant, or other Person who makes this Return.	M. A. O'Reilly. M.D.
Address	236. N. Broadway.
Remarks	

For Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26587

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 1st 1878

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 1st 1878
4. *Place of Birth (Street and Number)* 161 South Ann St.
5. *Full Name of Mother* Mary Siegrist
6. *Mother's Maiden Name* Mary Wise
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Siegrist
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend.

Address 131 South Wolfe Street.

Remarks —

RETURN OF A BIRTH.

26588

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1876 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	2 September 1
4. *Place of Birth (Street and Number)*	No 15 Butler aly
5. *Full Name of Mother*	Annie Meeker
6. *Mother's Maiden Name*	Annie Keavner
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Meeker
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

RETURN OF A BIRTH.

26589

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Sept 1 1878
4. *Place of Birth (Street and Number)*	127 Saratoga St.
5. *Full Name of Mother*	Kate Elbert
6. *Mother's Maiden Name*	C Hulsmann
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Elbert
9. *Father's Occupation*	Cane maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertrayd Miller
Address	151 E Pratt St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26590

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	1 of September 1878
4. *Place of Birth (Street and Number)*	No. 42 Charles St.
5. *Full Name of Mother*	Sophia Carter
6. *Mother's Maiden Name*	Sophia Barns
7. *Mother's Birthplace*	Irland Scully Kings County
8. *Full Name of Father*	Thomas Donally Carter
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Irland Scully Kings County
Name of Medical Attendant, or other Person who makes this return	Sabina Grisholer
Address	No 128 West St. Baltimore Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26391

HEALTH DEPARTMENT SEP 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth First September 1878
4. Place of Birth (Street and Number) 159 North Chappel st
5. Full Name of Mother Mary Lyons
6. Mother's Maiden Name Mary Doll
7. Mother's Birthplace Baltimore
8. Full Name of Father John Doll
9. Father's Occupation Edge Smith
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Terrence Kinkel
Address 159 North Chappel st gp John Lunkel
Remarks Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26592

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	F
2. Race or Color (if not of the white race)	W
3. Date of Birth	Sept 1. 1878
4. Place of Birth (Street and Number)	376 Lanvale
5. Full Name of Mother	Prado
6. Mother's Maiden Name	
7. Mother's Birthplace	Cuba
8. Full Name of Father	Philip Prado
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Cuba
Name of Medical Attendant, or other Person who makes this Return.	Richard Lee Henry, M.D.
Address	189 N. Howard St.
Remarks	

RETURN OF A BIRTH.

26593

HEALTH DEPARTMENT SEP 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 1st 1878
4. *Place of Birth (Street and Number)* on Central Avenue No 20
5. *Full Name of Mother* Sarah Brown age Aged 14 years
6. *Mother's Maiden Name* Sarah Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jacob Lee Aged 15 years
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. L. Baldwin

Address 124 n Exeter st

Remarks Illegitimate Well formed robust Infant.

RETURN OF A BIRTH.

26594
1878

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Fri 6th Sat
4. Place of Birth (Street and Number) No 111 Winsor St.
5. Full Name of Mother Lake Rohdel
6. Mother's Maiden Name Lake Shiffer
7. Mother's Birthplace Sarmany Germany
8. Full Name of Father Mick Schöffer
9. Father's Occupation Laber
10. Father's Birthplace Sarmany

Name of Medical Attendant, or other Person who makes this Return. Mrs Lauer
Address
Remarks 111 L Gilbert owner

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 1
4. Place of Birth (Street and Number)	Back Lot
5. Full Name of Mother	Sarah Preston
6. Mother's Maiden Name	Sarah Dougherty
7. Mother's Birthplace	New York
8. Full Name of Father	Henry Preston
9. Father's Occupation	Coal Peddler
10. Father's Birthplace	Youngstown Pa
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26596

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	September 1st 1878
4. *Place of Birth (Street and Number)*	1630 Mary Ann Brown
5. *Full Name of Mother*	Mary Ann " Ervine
6. *Mother's Maiden Name*	" Ervine Brien
7. *Mother's Birthplace*	Brien Ireland Ann's
8. *Full Name of Father*	Conrad
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Brien
Name of Medical Attendant, or other Person who makes this return	E. Schmidt
Address	
Remarks	1630 Pratt

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26597

HEALTH DEPARTMENT
SEP 10 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 September 1878
4. *Place of Birth (Street and Number)* No 35 Fayette St.
5. *Full Name of Mother* Ina E Rhof
6. *Mother's Maiden Name* Harris
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John P E Rhof
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Carver

Address No 52 E. Lombard St

Remarks

RETURN OF A BIRTH.

26598

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. OCT 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cd.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 1st. 1878
4. Place of Birth (Street and Number)	No. 116 N. Central av.
5. Full Name of Mother	Caroline Wise
6. Mother's Maiden Name	Caroline Ahring Ahring
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Lewis Wise
9. Father's Occupation	Tailor
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs. M. A. Bull
Address	No. 185 E. E. cor. Central & Monument St
Remarks	Well.

FEE Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26599

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 12 1878
4. Place of Birth (Street and Number)	No 57 St Paul St
5. Full Name of Mother	Margreta Walls
6. Mother's Maiden Name	Heffie
7. Mother's Birthplace	Ireland "
8. Full Name of Father	Dave Walls
9. Father's Occupation	Harness maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. J. Butt
Address	No 185 S.E. cor. Monument & Central ave.
Remarks	Well

26600

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 1st 1878
4. Place of Birth (Street and Number)	244 Battery Avenue
5. Full Name of Mother	Mary Sharp
6. Mother's Maiden Name	Mary Lapsington
7. Mother's Birthplace	Md
8. Full Name of Father	John Sharp
9. Father's Occupation	Laborer
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H C B. Noble M.D
Address	17 Warren ave
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26601

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1 Sept.
4. Place of Birth (Street and Number)	225 Washington St
5. Full Name of Mother	Anna Pigil
6. Mother's Maiden Name	" Baroch
7. Mother's Birthplace	Welesitz Bohemia
8. Full Name of Father	John Pigil
9. Father's Occupation	Laborer
10. Father's Birthplace	Strakonic Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnes St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26602

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 2nd 1878
4. Place of Birth (Street and Number)	No 274 Lee St
5. Full Name of Mother	Ernstina Weiland
6. Mother's Maiden Name	Ernstina Krause.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Adolph Weiland
9. Father's Occupation	Artist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26603

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Black
3. *Date of Birth*	Sept 2 1878.
4. *Place of Birth (Street and Number)*	Edgar St. bet B & C.
5. *Full Name of Mother*	Mary Camden
6. *Mother's Maiden Name*	Born Welch
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Michael Camden
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Johanna Traul 30 Clue Corn
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26604

HEALTH DEPARTMENT SEP 9 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth Sept the 2
4. Place of Birth (Street and Number) No 216 Durham st
5. Full Name of Mother Emmar Sandrous
6. Mother's Maiden Name Emmar Dixson
7. Mother's Birthplace Cambridge
8. Full Name of Father John Sandrous
9. Father's Occupation Drayman
10. Father's Birthplace baltimore

Name of Medical Attendant, or other Person who makes this return

Address Elizabeth Coots

Remarks no 1 young born

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26605

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Aug Sept 2 1878
4. Place of Birth (Street and Number)	No 196 Sharp st
5. Full Name of Mother	Elisabeth Bachmann
6. Mother's Maiden Name	Shaefer
7. Mother's Birthplace	Germany
8. Full Name of Father	John Bachmann
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser Midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26606

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 2
4. Place of Birth (Street and Number)	352 S Charles st
5. Full Name of Mother	Margret Peters
6. Mother's Maiden Name	" Bayner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joh Peters
9. Father's Occupation	Labarer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children so born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26607

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 2 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth ~~Fourteenth~~	Sept. 2nd 1878
4. Place of Birth (Street and Number)	Maternity Hospital 168 W. Lombard St
5. Full Name of Mother	Maggie Johnson
6. Mother's Maiden Name	Maggie Shipley
7. Mother's Birthplace	Baltimore Co. Md.
8. Full Name of Father	Samuel Johnson
9. Father's Occupation	Merchant
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	David Streett M.D. Resident Phys.
Address	Maternity Hospital 168 W. Lombard St
Remarks	Mother and child doing well

RETURN OF A BIRTH.

26608

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	2 Sept
4. Place of Birth (Street and Number)	273 Front St
5. Full Name of Mother	Mrs Bridget Devenney
6. Mother's Maiden Name	Ireland
7. Mother's Birthplace	Patrick Connelly
8. Full Name of Father	Laborer
9. Father's Occupation	Ireland
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Ebersole
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26609

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex (state whether Male or Female)* Male Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 2nd 1878
4. *Place of Birth (Street and Number)* 86 Fawn Street Balt
5. *Full Name of Mother* Caroline Bible
6. *Mother's Maiden Name* Caroline Blike
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Frederick Bible
9. *Father's Occupation* Black Smith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Maryett Ale

Address 211 13 Eutaw St

Remarks The Child Expired in a few minutes after Birth Born feet first

RETURN OF A BIRTH.

26610

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Septr 2nd 1878
4. *Place of Birth (Street and Number)*	# 191 Montgomery St.
5. *Full Name of Mother*	Louisa Gerhauser
6. *Mother's Maiden Name*	Nee Sullivan
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Geo. Gerhauser
9. *Father's Occupation*	Baker
10. *Father's Birthplace*	New York
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26611

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 2nd 1878
4. Place of Birth (Street and Number)	246 Montgomery St.
5. Full Name of Mother	Emma V. Pierson
6. Mother's Maiden Name	Kingsmith
7. Mother's Birthplace	Pa
8. Full Name of Father	Wm Pierson
9. Father's Occupation	Painter
10. Father's Birthplace	N.J.
Name of Medical Attendant, or other Person who makes this Return.	R.C. Lee
Address	Hanover & Barre Sts
Remarks	

...hat any physician, accoucheur, midwife, or other person in charge, who shall atten... advise of the birth of any child, within the City of Baltimore, shall report to the registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child or born, its or their physical condition, whether still born or not, the full name, nativity, and of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26612

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. SEP 6 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 2nd 1878
4. Place of Birth (Street and Number)	No 40 Bird st
5. Full Name of Mother	Catherine Kumpf
6. Mother's Maiden Name	Catherine Enck
7. Mother's Birthplace	Germany
8. Full Name of Father	John Kumpf
9. Father's Occupation	Carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Kumpf
Address	No 106 West st
Remarks	

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26613

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore 1st child

1. *Sex (state whether Male or Female)* it is a boy

2. *Race or Color (if not of the white race)* it is Negro

3. *Date of Birth* 27 sept 1878

4. *Place of Birth (Street and Number)* Baltimore East St No 129

5. *Full Name of Mother* Anna Mineshin

6. *Mother's Maiden Name* [illegible]

7. *Mother's Birthplace* Cuba

8. *Full Name of Father* Frank Mineshin

9. *Father's Occupation* Cigar [illegible]

10. *Father's Birthplace* Cuba

Name of Medical Attendant, or other Person who makes this Return. M D

Address

Remarks [illegible]

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26614

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Children living 6

1. Sex (state whether Male or Female) Stated Md Female

2. Race or Color (if not of the white race) White

3. Date of Birth 7th September 78

4. Place of Birth (Street and Number) Baltimore Asbury ave No 136

5. Full Name of Mother Ann Elizabeth Toole

6. Mother's Maiden Name maiden Ann Elizabeth Walker

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John Toole

9. Father's Occupation Brush maker

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Miss Conway

Address

Remarks

RETURN OF A BIRTH.

26615

HEALTH DEPARTMENT 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2 September 1878
4. *Place of Birth (Street and Number)* N° 14 President St.
5. *Full Name of Mother* Lizzie Estie
6. *Mother's Maiden Name* Linsch
7. *Mother's Birthplace* U. S.
8. *Full Name of Father* William Estie
9. *Father's Occupation* Carriage driver
10. *Father's Birthplace* U. S.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address N° 52 E. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26616

HEALTH DEPT. OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Sept 2d 1878

4. Place of Birth (Street and Number) No 158 Bank st.

5. Full Name of Mother Maggretta Poda

6. Mother's Maiden Name Shutte

7. Mother's Birthplace Germany

8. Full Name of Father Frederick Poda

9. Father's Occupation Ship Baker

10. Father's Birthplace Italy

Name of Medical Attendant, or other Person who makes this Return. Elizabetha Buschmann

Address No 120 Bank str

Remarks

RETURN OF A BIRTH.

26617

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 2d September 1878
4. *Place of Birth (Street and Number)* 22 Rock st
5. *Full Name of Mother* Louisa Jonaschke
6. *Mother's Maiden Name* Louisa Stein
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Carl Jonaschke
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address 14 Union st

Remarks

RETURN OF A BIRTH.

26618

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2d September 1878
4. *Place of Birth (Street and Number)* Calhoun st & Pennsylvania Ave
5. *Full Name of Mother* Elizabeth Scheer
6. *Mother's Maiden Name* Elizabeth Stasil
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Scheer
9. *Father's Occupation* Manufacturer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engelbrecht

Address 141 Union st

Remarks

RETURN OF A BIRTH.

26619

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 2nd 1878
4. Place of Birth (Street and Number)	104 Hough St.
5. Full Name of Mother	Mary Ridgeaway
6. Mother's Maiden Name	Mary Friel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm. H. Ridgeaway
9. Father's Occupation	Painter
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D.
Address	117 S. Broadway
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26620

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) third child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Sept 2 1878
4. *Place of Birth (Street and Number)* N. 181 Franklin
5. *Full Name of Mother* William anna Kimmel
6. *Mother's Maiden Name* William anna Coates
7. *Mother's Birthplace* Balto md
8. *Full Name of Father* Henry Kimmel
9. *Father's Occupation* Lumper
10. *Father's Birthplace* Kent co md

Name of Medical Attendant, or other Person who makes this Return F H Pattison M D

Address 28 Franklin Balto

Remarks

RETURN OF A BIRTH.

26631

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Sept 2nd 1878

4. *Place of Birth (Street and Number)* 196 E Baltimore St

5. *Full Name of Mother* Mollie Kraft

6. *Mother's Maiden Name* Neil

7. *Mother's Birthplace* Ohio

8. *Full Name of Father* Wm Kraft

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Ohio

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchanan

Address 120 Beech St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26622

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 3d 1878
4. *Place of Birth (Street and Number)* 334 N. Bond str.
5. *Full Name of Mother* Margret Bair
6. *Mother's Maiden Name* Mar Gunnel
7. *Mother's Birthplace* Maryland Co.
8. *Full Name of Father* Randolf Bair
9. *Father's Occupation* Iron Moler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 134 N. Bond str

Remarks

26623

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 3rd 1878
4. *Place of Birth (Street and Number)* 20 Gough St
5. *Full Name of Mother* Alice Gibson
6. *Mother's Maiden Name* Alice Kirby
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William M Gibson
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Gray. 193 South

Address Church St

Remarks Healthy Child

RETURN OF A BIRTH.

266214

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	3rd of September
4. Place of Birth (Street and Number)	No 51 Burk Street
5. Full Name of Mother	Julia Hunt
6. Mother's Maiden Name	Julia Wallace
7. Mother's Birthplace	Sommerset County MD
8. Full Name of Father	Georgl Hunt
9. Father's Occupation	Saylor
10. Father's Birthplace	Sommerset County MD
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Patterson Park Annew
Remarks	

RETURN OF A BIRTH.

26624

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male ~~or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11 P.M. 3rd September, 1878.
4. *Place of Birth (Street and Number)* 416 W. Lacy St. Baltimore City
5. *Full Name of Mother* Clara Amelia Marck
6. *Mother's Maiden Name* Clara Amelia Somers
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Benton Marck
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Wm. F. Work M.D.

Address 148 N. Howard St

Remarks

Penalty.—That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26626

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept. 3rd 1878.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* ~~Female~~ Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 3rd 1878.
4. *Place of Birth (Street and Number)* 171 Gist Street
5. *Full Name of Mother* Lena Neith
6. *Mother's Maiden Name* Lena Baker.
7. *Mother's Birthplace* America
8. *Full Name of Father* Charles Neith.
9. *Father's Occupation* Labor.
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Smead.

Address 131 South Wolfe Street.

Remarks ~~H~~

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26627

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 4 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	[redacted] Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 3rd
4. Place of Birth (Street and Number)	Harlem Av
5. Full Name of Mother	Mrs Athens
6. Mother's Maiden Name	Miss Hanway
7. Mother's Birthplace	Hanford Co
8. Full Name of Father	Adolph Athens
9. Father's Occupation	Merchant
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	W. Kuhns
Address	131 N Charles
Remarks	

Fee Returns by Physicians or other persons in charge of Institutions.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26628

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	2nd of September
4. Place of Birth (Street and Number)	Cor of Patterson Ave and Walcott
5. Full Name of Mother	Mary Foley.
6. Mother's Maiden Name	Mary Dolen.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Patrick Foley.
9. Father's Occupation	Laborer on the Potomac Railroad.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	M. J. Leonard.
Address	No 833 W. Mt. Henry St.
Remarks	Strong healthy child.

Read Return of Birth carefully before signing.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26629

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 3rd 1878
4. Place of Birth (Street and Number)	19 Clarks court
5. Full Name of Mother	Mary Stuart
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jack Williams
9. Father's Occupation	Coachman
10. Father's Birthplace	Harford Co Md
Name of Medical Attendant, or other Person who makes this Return.	Ellen J. Stubbs
Address	No 42 Shark St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26630

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	3 September
4. Place of Birth (Street and Number)	25 South Eutaw St
5. Full Name of Mother	Pauline J. Streuber
6. Mother's Maiden Name	" Rheinhimer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Streuber
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Roth
Address	328 South Eutaw St
Remarks	

RETURN OF A BIRTH.

26631

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

No. of Child of Mother (state whether ~~1st, 2d, 3d~~, &c.) 1

1. *Sex* (state whether ~~Male or Female~~)
2. *Race or Color* (if not of the white race)
3. *Date of Birth* September 3rd 1878
4. *Place of Birth* (Street and Number) NW 131 Central Avenue
5. *Full Name of Mother* Fannie Lucretia Magginis
6. *Mother's Maiden Name* " Godfrey
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James Magginis
9. *Father's Occupation* Painter
10. *Father's Birthplace* Liverpool England

Name of Medical Attendant, or other Person who makes this Return. Wm L. Russell

Address Broadway & Madison Ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

26632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) The third.
1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* September th 3 th.
4. *Place of Birth (Street and Number)* No 72 Monroe.
5. *Full Name of Mother* Mary Elisebeth Gerlach.
6. *Mother's Maiden Name* Mary Elisebeth Fenge.
7. *Mother's Birthplace* from Germany.
8. *Full Name of Father* Christian Gerlach.
9. *Father's Occupation* Tailor
10. *Father's Birthplace* from Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. C. Seibach
Address No 299 West Pratt street.
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26633

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	The Third of September
4. Place of Birth (Street and Number)	No 1 Park Ave
5. Full Name of Mother	M. E. Meyer
6. Mother's Maiden Name	M. E. Giles
7. Mother's Birthplace	Baltimore America
8. Full Name of Father	Julius Meyer
9. Father's Occupation	Watch Maker
10. Father's Birthplace	Hanover Germany.
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs C. Seibuck
Remarks	No 439 West Pratt street

RETURN OF A BIRTH.

26634

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* September 3 1878
4. *Place of Birth (Street and Number)* No 31 neighbor Pl
5. *Full Name of Mother* Martha Amanda Heath
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Charlotte Selton

Address 38 Forest St Baltimore MD

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26633

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 3d 1878
4. *Place of Birth (Street and Number)* No 310 Eastern Ave.
5. *Full Name of Mother* Maria Rutt
6. *Mother's Maiden Name* Detzer
7. *Mother's Birthplace* City
8. *Full Name of Father* John Rutt
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Elizabetta Bushmann

Address 120 Bank St

Remarks

RETURN OF A BIRTH.

26636

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 4

1. *Sex* (*state whether Male or Female*) Male Male

2. *Race or* [redacted] *not of the white race*) [redacted]

3. *Date of Birth* 24th Sept 1878

4. *Place of Birth* (*Street and Number*) 224 Broadway

5. *Full Name of Mother* Mary Boulton

6. *Mother's Maiden Name* Mc Fearson

7. *Mother's Birthplace* Baltimore Co

8. *Full Name of Father* William Boulton

9. *Father's Occupation* Baker

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this return Thos Wales

Address 224 Broadway

Remarks Balto

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26637

HEALTH DEPARTMENT SEP 7 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Sept 4/78
4. *Place of Birth (Street and Number)*	120 Hollins St
5. *Full Name of Mother*	Agnes Kelley Evans
6. *Mother's Maiden Name*	Agnes Kelley
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Edwin S. Evans.
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs Jane Winnebergor
Address	No 23 N. Liberty St.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26638

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 september
4. *Place of Birth (Street and Number)* Baltimore Hulbon street near Haven
5. *Full Name of Mother* Rose Anna Fortman
6. *Mother's Maiden Name* Rose Anna Hubbard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William C Fortman
9. *Father's Occupation* Boat Builder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary L Swarge

Address No 61 Lingnor St

Remarks the child is alive and the mother is Doing well and so is the child.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26639

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 3d

1. *Sex (state whether Male or Female)* Male Health

2. *Race or Color (if not of the white race)* white

3. *Date of Birth* born on the 4th of September 1878

4. *Place of Birth (Street and Number)* 62 Monroe St.

5. *Full Name of Mother* Mrs. Wise

6. *Mother's Maiden Name* Miss. Shillens

7. *Mother's Birthplace* born in Balto. City Md.

8. *Full Name of Father* Albert John Wise

9. *Father's Occupation* Pottery

10. *Father's Birthplace* Prussia Germany

Name of Medical Attendant, or other Person who makes this return Miss. Miller

Address No 57 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

26640

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 Children
1. Sex (state whether Male or Female)	girl Child
2. Race or Color (if not of the white race)	Brown skin
3. Date of Birth	Born on 4 of September
4. Place of Birth (Street and Number)	Mullikin st No 7
5. Full Name of Mother	Frankies Thomas
6. Mother's Maiden Name	Frankies Ames
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Thomas
9. Father's Occupation	Sailor
10. Father's Birthplace	Virginma
Name of Medical Attendant, or other Person who makes this Return	Midwife Harriet Britton
Address	145 North Edward st
Remarks	

PENALTY. That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

266141

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT 5 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Girle
2. Race or Color (if not of the white race) Withe
3. Date of Birth 4 September
4. Place of Birth (Street and Number) 242 Wolfe Stret
5. Full Name of Mother Merie Laskaska
6. Mother's Maiden Name Szymay
7. Mother's Birthplace Posen Germany
8. Full Name of Father Lofan Szymey
9. Father's Occupation
10. Father's Birthplace Gnezen

Name of Medical Attendant, or other Person who makes this return Marie Gittner
Address Wolfe Stret 245.
Remarks

WM. J. C. INGLAND & CO. CITY PRINTERS AND STATIONERS.

FEES RECEIVED BY THIS OFFICE IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

266421

SEP 5 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 4th 1878
4. *Place of Birth (Street and Number)* 30 Williams St
5. *Full Name of Mother* Caroline F. Moore
6. *Mother's Maiden Name* Caroline F. Ehrhard
7. *Mother's Birthplace* Richmond Va
8. *Full Name of Father* James Moore
9. *Father's Occupation* Restaurant Keeper
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Theodore Cook M.D.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend. assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26643

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First.

1. Sex (state whether Male or Female) male

2. Race or Color (if not of the white race) white

3. Date of Birth 4th Sept. 1878.

4. Place of Birth (Street and Number) No 160 E. Monument Street.

5. Full Name of Mother Mary Southerland.

6. Mother's Maiden Name Mathais

7. Mother's Birthplace Baltimore

8. Full Name of Father Harry Southerland

9. Father's Occupation Collector.

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dr R. V. Tomes. No. 176 Mesgate St.

Address

Remarks Birth in first position fourteen hours.

RETURN OF A BIRTH.

216411

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* clo Colored
3. *Date of Birth* sept 4/78
4. *Place of Birth (Street and Number)* harmony lane
5. *Full Name of Mother* mandy scrogens
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Eastern shore md
8. *Full Name of Father* Jos. scrogans
9. *Father's Occupation* laborer
10. *Father's Birthplace* snow hill

Name of Medical Attendant, or other Person who makes this Return. mrs Brooks

Address no 10 carlton st

Remarks

RETURN OF A BIRTH.

26645

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 5 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	4 Sept 1878
4. *Place of Birth (Street and Number)*	110 Chesapeake st Canton
5. *Full Name of Mother*	Mary Bayard
6. *Mother's Maiden Name*	Mary Sailer
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	John Wm Bayard
9. *Father's Occupation*	Iron Worker
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mrs Sarah Sullivan
Address	108 Curley st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Free Records of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

26446

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 4. 1878
4. Place of Birth (Street and Number)	19 Johnson st Baltimore
5. Full Name of Mother	Mary Keen
6. Mother's Maiden Name	Mary Toland
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Keen
9. Father's Occupation	Sail Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26647

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record to Public Officers for this Return, 25 cts.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 4th 1878
4. Place of Birth (Street and Number)	69. Bidder Street
5. Full Name of Mother	Alice Jane Dorsey
6. Mother's Maiden Name	Alice Jane Bevans
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	Robert Henry Dorsey
9. Father's Occupation	Boiler Maker
10. Father's Birthplace	Somerset County Md
Name of Medical Attendant, or other Person who makes this Return.	J. C. Hummer Homeopathist
Address	189. Lancaster St
Remarks	

RETURN OF A BIRTH.

26648

HEALTH DEPARTMENT SEP 13 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 4 1876
4. Place of Birth (Street and Number)	307 Gough St.
5. Full Name of Mother	Betty Lowell
6. Mother's Maiden Name	" Welch
7. Mother's Birthplace	Anna Arundel Co. Md
8. Full Name of Father	Jno. Lowell
9. Father's Occupation	Engineer
10. Father's Birthplace	New York
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield M. D.
Address	117. E Fayette way
Remarks	

rect Return of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

266149

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. Sex (state whether Male or Female)	Male ~~Female~~
2. Race or Color (if not of the white race)	White Race
3. Date of Birth	4th September
4. Place of Birth (Street and Number)	No 38 Marion St.
5. Full Name of Mother	Bertha Sheper
6. Mother's Maiden Name	Bertha Hilker
7. Mother's Birthplace	Johne Gmoeherzog Thurm Oldenburg
8. Full Name of Father	Heinr Sheper
9. Father's Occupation	Cigarmaker
10. Father's Birthplace	Johne Gh. Oldenburg
Name of Medical Attendant, or other Person who makes this Return.	Miss. A. Lindner
Address	No 45 Monroe St. Baltimore Md.
Remarks	

RETURN OF A BIRTH.

26650

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the sixth child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 4th
4. Place of Birth (Street and Number)	No. 14 Baker Court
5. Full Name of Mother	Francis Rockensperger
6. Mother's Maiden Name	Francis Schorold
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Danl. Wm. Rockensperger
9. Father's Occupation	Coach Smith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Miss A. Lindner
Address	No 45 Monroe St Baltimore Md.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26631

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. ~~Sex (state whether Male or Female)~~
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 4th 1878
4. *Place of Birth (Street and Number)* 353 N. Bond
5. *Full Name of Mother* Sarah Smith
6. *Mother's Maiden Name* Livingston
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Dorsey Smith
9. *Father's Occupation* Saleswoman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Watson

Address 18 Dugan St.

Remarks

RETURN OF A BIRTH.

26639

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Sept 2 1878

4. Place of Birth (Street and Number) No 176 S Broadway

5. Full Name of Mother Hannah Solomon

6. Mother's Maiden Name Kuhn

7. Mother's Birthplace City

8. Full Name of Father Herman Solomon

9. Father's Occupation Grocer in Notions

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Eliza Bushman

Address 176 Broadway

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26653

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 4th 1878
4. *Place of Birth (Street and Number)* No 116 Lancaster St
5. *Full Name of Mother* Maria Braun
6. *Mother's Maiden Name* " Fischer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Carl Braun
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabetha Buschman

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2663 11

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	September 4th 1878.
4. *Place of Birth (Street and Number)*	208 N. Eutaw
5. *Full Name of Mother*	Ida Catherine Templeman Franck
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Alexander Edwin Templeman
9. *Father's Occupation*	Wholesale Tobacco Dealer
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Rule 1st.—Return by Physicians in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26655

HEALTH DEPARTMENT
SEP 16 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex (state whether Male or Female)*	White
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Sept 4/78
4. *Place of Birth (Street and Number)*	4 Upton St
5. *Full Name of Mother*	Mary A. Hammond
6. *Mother's Maiden Name*	" Lane
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Hammond
9. *Father's Occupation*	Mechanic (Moulder)
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	H. L. Spencer M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26656

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	September 4th
4. *Place of Birth (Street and Number)*	139 hill St
5. *Full Name of Mother*	lena bell
6. *Mother's Maiden Name*	lena wiggin
7. *Mother's Birthplace*	virginia
8. *Full Name of Father*	nickolas bell
9. *Father's Occupation*	waiter
10. *Father's Birthplace*	north Umberland County
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 patapsco avenue
Remarks	

bell Reg

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26657

HEALTH DEPARTMENT DEC 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 4th 1878
4. Place of Birth (Street and Number)	269 Chester Street
5. Full Name of Mother	Magdelena Bäckenhausen
6. Mother's Maiden Name	" " " Belzen
7. Mother's Birthplace	Germany
8. Full Name of Father	Christian Bäckenhausen
9. Father's Occupation	Barber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lucken No 10 Essex St.
Address	
Remarks	

RETURN OF A BIRTH.

26658

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 4th 1878
4. Place of Birth (Street and Number)	No. 51 Forrest Str
5. Full Name of Mother	Lizzie Hardtmann
6. Mother's Maiden Name	Lizzie Schirmer
7. Mother's Birthplace	Germany
8. Full Name of Father	Theodor Hardtmann
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dana Kelley M.D.
Address	No. 132 East Monument St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26659

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 5th 1878
4. Place of Birth (Street and Number)	No 401 Scott St
5. Full Name of Mother	Kate Sheppard
6. Mother's Maiden Name	Seaman
7. Mother's Birthplace	City of Balto
8. Full Name of Father	Chas Sheppard
9. Father's Occupation	
10. Father's Birthplace	City of B.
Name of Medical Attendant, or other Person who makes this Return.	Jno F Blake M.D
Address	140 Scott St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26660

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third 3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 3rd 1878
4. Place of Birth (Street and Number)	No 11 N Edward St
5. Full Name of Mother	Sarah King Cunningham
6. Mother's Maiden Name	[illegible] Scarff
7. Mother's Birthplace	Liberty Co Va
8. Full Name of Father	Chas H Cunningham
9. Father's Occupation	Boom Maker
10. Father's Birthplace	Howard Co Md
Name of Medical Attendant, or other Person who makes this Return.	Jno D Blake MD
Address	140 Saint St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26661

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	Sept 5 – 1878
4. Place of Birth (Street and Number)	Maternite Hospital – 168 W. Lombard St.
5. Full Name of Mother	Mary Smith
6. Mother's Maiden Name	"
7. Mother's Birthplace	England
8. Full Name of Father	Wm. Mackenzie
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Streeter M.D. Resident Physician
Address	Maternite Hospital – 168 W. Lombard St
Remarks	Mother and child doing well

26662

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* September 5 d. 1878

4. *Place of Birth (Street and Number)* Battery Av. No 124.

5. *Full Name of Mother* Babarra Curley.

6. *Mother's Maiden Name* Babarra Reill

7. *Mother's Birthplace* Baltimore Md.

8. *Full Name of Father* Matthew Curley.

9. *Father's Occupation* Labore

10. *Father's Birthplace* Michigan

Name of Medical Attendant, or other Person who makes this Return J. Rafferty Dorothea Brune

Address 114 Battery Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the register aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26663

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. SEP 10 1878 BALTIMORE MD.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth Sept 5th
4. Place of Birth (Street and Number) No 86 Hillen St city
5. Full Name of Mother Ann Maria Hinton
6. Mother's Maiden Name Lloyd
7. Mother's Birthplace Birmingham England
8. Full Name of Father Thomas Hinton
9. Father's Occupation Brass Finisher
10. Father's Birthplace Birmingham England

Name of Medical Attendant, or other Person who makes this Return. Lewis Reid B. Johnson
Address No 26 N Spring Ave Baltimore Md
Remarks M. L.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

266614

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 5
4. Place of Birth (Street and Number)	522 Harford Ave
5. Full Name of Mother	Annie J. O'Donnell
6. Mother's Maiden Name	Lavallin
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joh H O'Donnell
9. Father's Occupation	Carpenter
10. Father's Birthplace	Harford County
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Brismee
Address	No 7 Forest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nctivity, and residence of the parents, and the maiden name of the mother of such child or children.

26663

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th of September
4. *Place of Birth (Street and Number)* 85 Henrietta st
5. *Full Name of Mother* Louisa Heinzeling
6. *Mother's Maiden Name* Louisa Schlemmer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Augustus Heinzeling
9. *Father's Occupation* Cutter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Kristina Muench

Address 98 Leadenhall St

Remarks

FACT Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26666.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

BALTIMORE CITY HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	203 Light st.
4. *Place of Birth (Street and Number)*	5 September
5. *Full Name of Mother*	Marguerite Kalbfleisch
6. *Mother's Maiden Name*	" Weigand
7. *Mother's Birthplace*	Hessen - Darmstadt Germany
8. *Full Name of Father*	Henry Kalbfleisch
9. *Father's Occupation*	Bear Keeper
10. *Father's Birthplace*	Hessen - Darmstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Kroh
Address	328 South Eutaw St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Certified Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

26667

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 5th September 1878
4. *Place of Birth (Street and Number)* Smith st & Pennsylvania Avenue
5. *Full Name of Mother* Kunigunde Atkinson
6. *Mother's Maiden Name* Kunigunde Rechtbord
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Atkinson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engelbrecht
Address 14 Union St
Remarks

Next Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26668

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st~~, 2d, ~~3d, &c.~~)	Second
1. *Sex* (state whether Male or ~~Female~~)	Female
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	September 5th. 1878
4. *Place of Birth* (Street and Number)	292 Stark St
5. *Full Name of Mother*	Susan Woods
6. *Mother's Maiden Name*	Susan Deickel
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Geo. Robt. Woods.
9. *Father's Occupation*	Proprietor Apt
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr Lancy H Barclay M.D.
Address	47 Lancaster
Remarks	Labor normal

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26669

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 5 1878
4. *Place of Birth (Street and Number)* No 2 Leigh Court
5. *Full Name of Mother* Laura Welsh
6. *Mother's Maiden Name* Laura Smith
7. *Mother's Birthplace* North Carolina
8. *Full Name of Father* Isaac Welsh
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Norfolk Va

Name of Medical Attendant, or other Person who makes this return Boulton

Address Williams No 10 Eleanor

Remarks Mother Ld Child Name Veil

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26670

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* September 5th 1878

4. *Place of Birth (Street and Number)* 206 Front Str

5. *Full Name of Mother* Elisabeth Boen

6. *Mother's Maiden Name* E. Boenzei

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* Jacob Boen

9. *Father's Occupation* Express employer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 182 E. Monument Str

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26671

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Baltimore

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 5th Sept. 1878
4. *Place of Birth (Street and Number)* Baltimore 1 Eliot St. My 13
5. *Full Name of Mother* Petrelen
6. *Mother's Maiden Name* Kolacheck
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Joseph Kolacheck
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. M. Kopitsch

Address 67 Washington St.

Remarks Baltimore Md.

Duty of Persons in charge of Lying-in Establishments to report Births.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect of duty.

Any person who shall neglect to make a correct record of vital statistics in the City of Baltimore.

RETURN OF A BIRTH.

26672

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	September 5 1878
4. Place of Birth (Street and Number)	No 355 N Broadway.
5. Full Name of Mother	Elizabeth A Belcher
6. Mother's Maiden Name	Elizabeth A Bowie
7. Mother's Birthplace	Missouri
8. Full Name of Father	Jas A Belcher
9. Father's Occupation	Produce Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Merrill
Address	236 N Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
be at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
its or their physical condition, whether still born or not, the full name, nativity, and residence
parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26673

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	No 4 (four)
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 5th 1878
4. Place of Birth (Street and Number)	No 745 St Paul's
5. Full Name of Mother	Ellen S Rumbold
6. Mother's Maiden Name	Ellen S Hollins
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry E Rumbold
9. Father's Occupation	Capt (British Army)
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Dr Jno Buckler
Address	135 Mechanic
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

266714

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 5 th 1878
4. Place of Birth (Street and Number)	59 North Pappelon st
5. Full Name of Mother	Louisa Dudrow
6. Mother's Maiden Name	Louisa Dearing
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Philip Spencer Dudrow
9. Father's Occupation	Brick Layer
10. Father's Birthplace	Harpers-ferry Va
Name of Medical Attendant, or other Person who makes this Return.	
Address	Anne Dunbar 6 0 Lexington
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26675

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8 Sept.
4. Place of Birth (Street and Number)	9 Mott.
5. Full Name of Mother	Anna Lehnhardt
6. Mother's Maiden Name	" Leine
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Lehnhardt
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace	Germania
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnes St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26676

HEALTH DEPT. SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 te
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	September 5 te 1878
4. *Place of Birth (Street and Number)*	372 Gay Str
5. *Full Name of Mother*	Elisabetty Constance
6. *Mother's Maiden Name*	M Kirsch
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Herm. Constance
9. *Father's Occupation*	Taylor
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dena. Hillegast
Address	182 E. Monument Str
Remarks	

26677

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	One of
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	September 6.
4. *Place of Birth (Street and Number)*	Shilleman Street. 84.
5. *Full Name of Mother*	Francis Spencl
6. *Mother's Maiden Name*	Francis Stepstnes
7. *Mother's Birthplace*	Amerranel Co
8. *Full Name of Father*	Daniel Spencl
9. *Father's Occupation*	Oyster Shucker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Elizabeth Foots
Address	417 Youngs Court
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26678

HEALTH DEPARTMENT SEP 9 1926 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 6 1926

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th ~~Sept~~ Sept 6 1926
4. *Place of Birth (Street and Number)* 244 Bond St
5. *Full Name of Mother* Lizzie Schaefer
6. *Mother's Maiden Name* Lizzie Gratling
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter Schaefer
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Arnold

Address 131 South Wolfe St.

Remarks H

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

26679

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The first Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	yellow Child
3. Date of Birth	Born on 6 of September
4. Place of Birth (Street and Number)	at No 93 Wilkens st Baltimore
5. Full Name of Mother	Bell Johnson
6. Mother's Maiden Name	
7. Mother's Birthplace	Summerville County
8. Full Name of Father	David Thomson
9. Father's Occupation	Porter in a store
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mid wife Harriet Britton
Address	Residence No 146 North Green st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

216680

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* [illegible]
3. *Date of Birth* Sept. 6 d. 1878
4. *Place of Birth (Street and Number)* 231 n. Wolfe St.
5. *Full Name of Mother* Kathrin Hehr
6. *Mother's Maiden Name* Kath. Janneus
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm A. Hehr
9. *Father's Occupation* Gun maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. R. Kidger

Address 134 n. Bond St

Remarks

26681

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th September 1878
4. Place of Birth (Street and Number)	10 East Pleasant st
5. Full Name of Mother	Christina Stake
6. Mother's Maiden Name	Christina Bauer
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Bauer
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. John Lamb
Address	1 North Gay st
Remarks	Alive

RETURN OF A BIRTH.

26689

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 4th 6
4. Place of Birth (Street and Number)	No 33 Low St.
5. Full Name of Mother	Annie Lingenfelder
6. Mother's Maiden Name	Annie Schaefer
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	George S Lingenfelder
9. Father's Occupation	Barber & Hair Dresser
10. Father's Birthplace	New Orleans
Name of Medical Attendant, or other Person who makes this Return.	Mrs. B. Rice
Address	No 26 N Irvington Dist
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26683

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 tes Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* geboren den 6 ten September
4. *Place of Birth (Street and Number)* No 5 Longeörster St.
5. *Full Name of Mother* Louise Böcke
6. *Mother's Maiden Name* Louise Bremer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Böcke
9. *Father's Occupation* Landarbeiter
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this return Friedrike Kaufmann

Address No 204 S. Dolfes St.

Remarks Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26684

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th Female
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep 6th 1878
4. Place of Birth (Street and Number)	No 18 East st
5. Full Name of Mother	Elizabeth Kern
6. Mother's Maiden Name	Elizabeth Lamen
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles Kern
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horn
Address	No 106 West st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26685

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 6th 1878
4. *Place of Birth (Street and Number)* Baltimore Eutaw st No. 122
5. *Full Name of Mother* Sarah Maltes
6. *Mother's Maiden Name* " Rennheart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter Maltes
9. *Father's Occupation* Saloon
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. C. Mitchell

Address No. 140 Ramsey st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26686

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 6th. 1878.
4. Place of Birth (Street and Number)	62. Walker Street Baltimore city
5. Full Name of Mother	Lena. Walker
6. Mother's Maiden Name	Lena. Schweiner
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	Charles. Thomas. Walker
9. Father's Occupation	Electrician
10. Father's Birthplace	Washington. D.C.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Schleifer
Address	33. Howard street. corner Lombard
Remarks	

RETURN OF A BIRTH.

26687

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	September 6th 78
4. *Place of Birth (Street and Number)*	7 Brooks near Pt
5. *Full Name of Mother*	Mary Cecilia Schaale
6. *Mother's Maiden Name*	" " Cooper
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	John Henry Schaale
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	Balto City
Name of Medical Attendant, or other Person who makes this Return.	W. D. Thomas M.D.
Address	86 E. Fayette St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26688

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 14th 1878.
4. *Place of Birth (Street and Number)* 512 Madison St.
5. *Full Name of Mother* Catharine J. McAleer
6. *Mother's Maiden Name* Catharine J. McAleer
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James H. McAleer
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Walker

Address 120 N. Carey St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26689

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 d
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	6 Sept 1878
4. *Place of Birth (Street and Number)*	54 Jury Alley
5. *Full Name of Mother*	M. Sykes
6. *Mother's Maiden Name*	M. Lewis
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	J. Lee Sykes
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Dr. Mace
Address	112 E. Pratt St.
Remarks	

Every Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26690

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 7th 1878
4. Place of Birth (Street and Number)	No 190 Gross St
5. Full Name of Mother	Margareth Stroman
6. Mother's Maiden Name	Ehm
7. Mother's Birthplace	Germany
8. Full Name of Father	Sebastian Stroman
9. Father's Occupation	Restaurent
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lotzgesell midwife
Address	213 Cross St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26691

HEALTH DEPARTMENT SEP 9 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Sept. 7 d. 1878
4. *Place of Birth (Street and Number)* 216 Chestnut St.
5. *Full Name of Mother* Ellen Hamier
6. *Mother's Maiden Name* Ell. Harris
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Johan Hamier
9. *Father's Occupation* Machinist.
10. *Father's Birthplace* Baltimor

Name of Medical Attendant, or other Person who makes this Return. Mari R. Kelly

Address 134 E. Bond St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 7 1878
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore 2d child
1. Sex (state whether Male or Female) [illegible]
2. Race or Color (if not of the white race) [illegible]
3. Date of Birth [illegible]
4. Place of Birth (Street and Number) Baltimore Hanover st
5. Full Name of Mother [illegible]
6. Mother's Maiden Name [illegible]
7. Mother's Birthplace Bahama
8. Full Name of Father [illegible]
9. Father's Occupation [illegible]
10. Father's Birthplace Bahama
Name of Medical Attendant, or other Person who makes this Return. [illegible]
Address [illegible]
Remarks

Baltimore City

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26693

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) white

3. Date of Birth 7th September

4. Place of Birth (Street and Number) Bartle street 11.

5. Full Name of Mother M. Stiger

6. Mother's Maiden Name

7. Mother's Birthplace Konigreich Hanover

8. Full Name of Father H. Stiger

9. Father's Occupation Gas fitter

10. Father's Birthplace Hanover

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26694

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 7 September 1878
4. *Place of Birth (Street and Number)* No 13 Canton Pl
5. *Full Name of Mother* Mariana Smith
6. *Mother's Maiden Name* Mc Mara
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Smith
9. *Father's Occupation* Market Master
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Casper

Address No 52 E Lombard St

Remarks

Extract from Regulations of the Board of Health of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26693

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 7th 1878
4. Place of Birth (Street and Number)	24th N Amity St
5. Full Name of Mother	Julia A Lewis
6. Mother's Maiden Name	Julia A Gales
7. Mother's Birthplace	Balto
8. Full Name of Father	John E Lewis
9. Father's Occupation	Tinner
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Saml S Powell M D
Address	No 29 Augusta St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26696

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7th September 1878
4. Place of Birth (Street and Number) 12 Albion st
5. Full Name of Mother Eliza Martin
6. Mother's Maiden Name Eliza Koenzer
7. Mother's Birthplace Baltimore
8. Full Name of Father Luke Martin
9. Father's Occupation Painter
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engelbinger
Address No 11 Albion st
Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26697

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Living Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 7 th 1878
4. Place of Birth (Street and Number)	N. 277 Cross st
5. Full Name of Mother	Liggie Ulrich
6. Mother's Maiden Name	Tenseroth
7. Mother's Birthplace	America
8. Full Name of Father	Otto Ulrich
9. Father's Occupation	Shoemaker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lahmeyer midwife
Address	213 Cross st.
Remarks	

26698

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	September 7th 1878.
4. *Place of Birth (Street and Number)*	Baltimore City E Fayette st near
5. *Full Name of Mother*	Leona Virginia Chambers.
6. *Mother's Maiden Name*	Leona Virginia Barnes.
7. *Mother's Birthplace*	Chambersburg Franklin Co Pa
8. *Full Name of Father*	David Wellington Chambers.
9. *Father's Occupation*	Black Driver,
10. *Father's Birthplace*	City of Portland Me Cordwainer
Name of Medical Attendant, or other Person who makes this return	Mrs S. Rumbarger
Address	No 23 N. Liberty St
Remarks	

vvet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

26699

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Name, Nellie R. Bonn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 7th. 1878
4. Place of Birth (Street and Number) No. 81 N.E. cor. Orleans & Bond
5. Full Name of Mother Mary V (Jennie) Bond Bonn
6. Mother's Maiden Name " (Barley) Barlow
7. Mother's Birthplace Harford County
8. Full Name of Father Charles (Bond) Bonn
9. Father's Occupation Cann Maker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Bull

Address No 185 S.E. cor Central av. & Monument St.

Remarks Vac Well

CERTIFICATE CORRECTED 10-17-55

26700

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE.

BALTIMORE CITY.

Charles Frederick Neubert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Sept. 7th 1878
4. Place of Birth (Street and Number) No 297 S. Durham St
5. Full Name of Mother Caroline (Anna) Neubert
6. Mother's Maiden Name Meimert
7. Mother's Birthplace Germany
8. Full Name of Father Ludwig Neubert
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bustmeyer

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26701

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 7th 1878
4. *Place of Birth (Street and Number)* No 200 Saratoga St
5. *Full Name of Mother* Catharine Seymour Sitten
6. *Mother's Maiden Name* Catharine S Riley
7. *Mother's Birthplace* Cecil Co Md
8. *Full Name of Father* Walter Hogg Sitten
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Scotland

Name of Medical Attendant, or other Person who makes this Return. Dr J. Adams M D

Address 215 Druid Hill Ave

Remedies

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reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26702

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 16 1878
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1st Sept 1878
4. *Place of Birth (Street and Number)* 524 Augusta
5. *Full Name of Mother* Maggie Cooper
6. *Mother's Maiden Name* Maggie Allison
7. *Mother's Birthplace* Caroline County Va.
8. *Full Name of Father* T. G. Cooper
9. *Father's Occupation* Expressman
10. *Father's Birthplace* Manchester Va.

Name of Medical Attendant, or other Person who makes this return — Mary Galen

Address 1251 E Cary Ave

Remarks Saltimore O.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26703

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 7th 1878.
4. Place of Birth (Street and Number)	Inv. 16 S. Ann St.
5. Full Name of Mother	Emma Jane ~~Cook~~ Clark
6. Mother's Maiden Name	" Cook
7. Mother's Birthplace	Washington City D.C.
8. Full Name of Father	Charles Benjamin Clark
9. Father's Occupation	Ship Joiner
10. Father's Birthplace	Baltimore City "
Name of Medical Attendant, or other Person who makes this Return.	C. P. Bonn M.D
Address	406 E. Baltimore St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26704

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Mrs Williams

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Born on 7th Sept 1878
4. *Place of Birth (Street and Number)* Matanic Court 105
5. *Full Name of Mother* Mrs. Matilda Williams
6. *Mother's Maiden Name* Mrs. Matilda Pierson
7. *Mother's Birthplace* David Williams Eastern Shore Md
8. *Full Name of Father* David Williams
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace* Talbot county Md

Name of Medical Attendant, or other Person who makes this Return. Dr Hopkins

Address 135 Chestnut st

Remarks —

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26705

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	7 of September 1878
4. *Place of Birth (Street and Number)*	No. 137 Battery Avenue
5. *Full Name of Mother*	Katharina Ellis
6. *Mother's Maiden Name*	Katharina Kent Kent
7. *Mother's Birthplace*	Washington
8. *Full Name of Father*	Henry Ellis
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Baltimor
Name of Medical Attendant, or other Person who makes this return	Sabina Grishaber
Address	No 128 West St Baltimor Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health of the City of Baltimore.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~2706~~
2606

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 7 — 1878
4. Place of Birth (Street and Number)	24 W. Lombard St.
5. Full Name of Mother	Catharine Burkly
6. Mother's Maiden Name	Hoppert
7. Mother's Birthplace	England
8. Full Name of Father	David Burkly
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Gertrond Miller
Address	151 E Pratt St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2760

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 7 1878
4. Place of Birth (Street and Number)	279 Battery av
5. Full Name of Mother	Carrie Groth
6. Mother's Maiden Name	Carrie Fischer
7. Mother's Birthplace	New York
8. Full Name of Father	J. C. Groth
9. Father's Occupation	Clergyman
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	H. B. Noble M.D.
Address	17 Franklin av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26708

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 7th 1878
4. Place of Birth (Street and Number)	# 57 Indiana Ave
5. Full Name of Mother	C. M. Hullman
6. Mother's Maiden Name	C. Niemeyer
7. Mother's Birthplace	Germany "
8. Full Name of Father	Chas. Hullman
9. Father's Occupation	Tailor "
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	
Remarks	# 203 N Washington St "

RETURN OF A BIRTH.

26709

HEALTH DEPARTMENT 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born Sept 7th 1878
4. *Place of Birth (Street and Number)* No 218 N. Gilmor St, Balto Md
5. *Full Name of Mother* Mrs Hatty L. Schnettler
6. *Mother's Maiden Name* Hatty L. Schwartz
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Mr. J. Schnettler Jr
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Address Miss Dr. M. C. Schuster

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26710.

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 7th 1878
4. *Place of Birth (Street and Number)* 79 E. Lombard St.
5. *Full Name of Mother* Emilie Baer
6. *Mother's Maiden Name* E. Lang
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Baer
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Dena Hilligant

Address 182 E. Monument St.

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first one

1. *Sex (state whether Male or Female)* femule
2. *Race or Color (if not of the white race)* Colord
3. *Date of Birth* September 7/1878
4. *Place of Birth (Street and Number)* no 4 Pleasant Alley
5. *Full Name of Mother* Sarah moore
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Essex County v a
8. *Full Name of Father* Charles Johnson
9. *Father's Occupation* any thing he get to do
10. *Father's Birthplace* Baltimore County m d

Name of Medical Attendant, or other Person who makes this Return. marige Spregs no 4 Pleasant alley

Address

Remarks

Correct Registration of the Events by which we secure Pure and Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27712

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Septem. 8 1878
4. *Place of Birth (Street and Number)* S. Lombardst 263
5. *Full Name of Mother* Elisa. Schmidt
6. *Mother's Maiden Name* Leech
7. *Mother's Birthplace* Stephanuras Co
8. *Full Name of Father* Sebastian Schmidt
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. Mrs. Joh. Graupach

Address S. Wolfst 1023

Remarks Midwife

Extract Regulations of the Board of Health to secure a just and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

~~1878~~ 26713.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	8th of September 1878
4. Place of Birth (Street and Number)	No 9 Bevan st.
5. Full Name of Mother	Emma Keller
6. Mother's Maiden Name	Emma Steffel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Keller
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Kathrina Meuneck
Address	98 Leadenhall st
Remarks	8 months child

No. 26714

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 8 d 1878
4. *Place of Birth (Street and Number)* 247 Chestnut
5. *Full Name of Mother* Karoline Kimmerlein
6. *Mother's Maiden Name* Kar Has
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Michael Kimmerlein
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Max K. Kuding

Address 134 N. Broadway

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26715

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 8th 1878
4. Place of Birth (Street and Number)	Baltimore Carlton St. 60
5. Full Name of Mother	Emily Crowell
6. Mother's Maiden Name	" Dresden
7. Mother's Birthplace	Germany
8. Full Name of Father	Freeman Crowell
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Nova Scotia
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Mitchell
Address	No. 140 Chimney st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26716 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 13

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Aug 8 1878
4. *Place of Birth (Street and Number)* No 201 Eager St
5. *Full Name of Mother* Tina Huth
6. *Mother's Maiden Name* Matzelburg
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Heinrich Huth
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Lange

Remarks 171 Harford ave Baltimore Md

1878

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

No. 26717

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	September 8th 1878
4. *Place of Birth (Street and Number)*	No 464 E. Monument St.
5. *Full Name of Mother*	Caroline Vollmer.
6. *Mother's Maiden Name*	Caroline Ray.
7. *Mother's Birthplace*	Hanover Germany.
8. *Full Name of Father*	Charles Louis Vollmer.
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M C. Bull.
Address	No 185. N.E. cor Central av. & Monument St.
Remarks	All Well

RETURN OF A BIRTH.

26718

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* September the 5
4. *Place of Birth (Street and Number)* pearle St. 123
5. *Full Name of Mother* hariet bias
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balltimore citey
8. *Full Name of Father* Bias
9. *Father's Occupation*
10. *Father's Birthplace* Balltimore citey

Name of Medical Attendant, or other Person who makes this Return. Sharlet Bald Bacey

Address 84 nor Se alley

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26719

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 30th 1878
4. *Place of Birth (Street and Number)* No 58 N Bond st
5. *Full Name of Mother* Louisa Gesborg
6. *Mother's Maiden Name* " " Schut
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Louis Gesberg
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 55 S. Bond St

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

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Legal Registration of the Births in the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26730

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Sept 9th
4. Place of Birth (Street and Number)	109 E. Hamburg st
5. Full Name of Mother	Henrietta Frank
6. Mother's Maiden Name	Henrietta Alison
7. Mother's Birthplace	Monrovia Africa
8. Full Name of Father	Daniel Frank
9. Father's Occupation	Laborer
10. Father's Birthplace	Monrovia Africa
Name of Medical Attendant, or other Person who makes this Return.	Louis Fischer
Address	109 E. Hamburg st
Remarks	Child is now [illegible]

RETURN OF A BIRTH.

26721

HEALTH DEPT. SEP 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 September
4. *Place of Birth (Street and Number)* 48 Exeter
5. *Full Name of Mother* Lizzie Ella Theimes
6. *Mother's Maiden Name* Snieder
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Theimes
9. *Father's Occupation* None
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Sophia Siemer

Address 1070 Gramby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26799

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Baltimore

1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* White race
3. *Date of Birth* 8th Sept 1878
4. *Place of Birth (Street and Number)* Baltimore Susp[illegible] [illegible]
5. *Full Name of Mother* Mary Hudalova
6. *Mother's Maiden Name* Mary Novak
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Andrew Novak
9. *Father's Occupation* Soldier
10. *Father's Birthplace* ~~Bohemia~~ Bohemia

Name of Medical Attendant, or other Person who makes this Return. M. Kopitsch

Address No 67 Washington St.

Remarks Baltimore Md!

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26723

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth September 8th

4. Place of Birth (Street and Number) No. 526 N. Howard Str.

5. Full Name of Mother Juziana

6. Mother's Maiden Name Weisenbein.

7. Mother's Birthplace Landenhausen Hessen-Darmstadt.

8. Full Name of Father John C. Stein.

9. Father's Occupation Grocery & Flour Dealer.

10. Father's Birthplace Ober-Ohmen Hessen-Darmstadt.

Name of Medical Attendant, or other Person who makes this Return

Address Anna Dumler G. C. Schreiber

Remarks

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26224

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 5th
4. Place of Birth (Street and Number)	No 228 Pierce St.
5. Full Name of Mother	Mary Airey
6. Mother's Maiden Name	Mary Waltzen
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	Charles Airey
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dimmer
Address	6 Shirley Court
Remarks	No Remarks

Extract from Regulations of the Board of Health relative to the Registration of Births and Deaths.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26725

SEP 22 1876 HEALTH DEPT. BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	8th of September
4. Place of Birth (Street and Number)	Wyeth St. No 2
5. Full Name of Mother	Helene Brecht
6. Mother's Maiden Name	Helene Weyswith
7. Mother's Birthplace	Kulthugen. Germany
8. Full Name of Father	Louis Brecht
9. Father's Occupation	Machinist
10. Father's Birthplace	Malbenstadt Prussia
Name of Medical Attendant, or other Person who makes this Return.	L. L. Reinhardt
Address	224 N. Wyeth Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26726

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT
SEP
10
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	1 Sept
4. Place of Birth (Street and Number)	142 Caroline St
5. Full Name of Mother	Caroline Johnson
6. Mother's Maiden Name	Chase
7. Mother's Birthplace	Baltimore
8. Full Name of Father	L. Johnson
9. Father's Occupation	Porter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return	Ursula J. Chrismer
Address	No 1 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26727

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 9th September 1878
4. *Place of Birth (Street and Number)* No 88 Eastern Ave.
5. *Full Name of Mother* Wilhelmina Kratt
6. *Mother's Maiden Name* Roesler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Kratt
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper

Address No 52 E Lombard St

Remarks

Extract from Regulations of the Board of Health relative to the Registration of Births.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

16728

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* sept 9/78
4. *Place of Birth (Street and Number)* 177 Larmay lane
5. *Full Name of Mother*
6. *Mother's Maiden Name* Laura scroggans
7. *Mother's Birthplace* Eastren shore
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return mrs proctor

Address 10 Carlton st

Remarks

Extract from Regulations of the Board of Health of Baltimore, relating to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

26729

SEP 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	9 September
4. *Place of Birth (Street and Number)*	217 Annetta St
5. *Full Name of Mother*	Lizzie Leib
6. *Mother's Maiden Name*	Leib
7. *Mother's Birthplace*	Russia
8. *Full Name of Father*	Henry Leib
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kork
Address	328 S Ensor St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26730

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Thirteenth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	9 Sept
4. Place of Birth (Street and Number)	7 Race St.
5. Full Name of Mother	Louisa Groab
6. Mother's Maiden Name	Wentz
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Christian Groab
9. Father's Occupation	Cooper
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 South Eutaw St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26731

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* sep 9 1878
4. *Place of Birth (Street and Number)* 6h castle st
5. *Full Name of Mother* margel dowd
6. *Mother's Maiden Name* margel caren
7. *Mother's Birthplace* ireland
8. *Full Name of Father* auruther dowd
9. *Father's Occupation* laborer
10. *Father's Birthplace* ireland

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 439 alicanna st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a prompt correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26732

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Sept 9th 1878

4. Place of Birth (Street and Number) No 311 Eastern Ave

5. Full Name of Mother Maggietta Ranzler

6. Mother's Maiden Name Ranzleman

7. Mother's Birthplace Germany

8. Full Name of Father Friedrich Ranzler

9. Father's Occupation Iron Moulder

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bell Burdick

Address 120 Barclay St

Remarks

Extract Regulations of the Board of Health in relation to the Registration of Births and the Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26733

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d ;

1. Sex (state whether Male or Female) Male.

2. Race or Color (if not of the white race)

3. Date of Birth September 9th 1878

4. Place of Birth (Street and Number) Eutaw Street. No 44

5. Full Name of Mother Louisa Haas.

6. Mother's Maiden Name Louisa Schubart.

7. Mother's Birthplace Germany.

8. Full Name of Father Martin Haas

9. Father's Occupation Glass blower

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return Dorothea Brune

Address 114 Battery Av

Remarks

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26731

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

Extract Regulations of the Board of Health of Baltimore [illegible]

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	~~532 E. Lexington St~~ Sept 7th 1878
4. Place of Birth (Street and Number)	532 South Charles St
5. Full Name of Mother	Amelia Gymper
6. Mother's Maiden Name	Amelia Ebert
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Henry W. Gymper
9. Father's Occupation	Piano Maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D
Address	
Remarks	

RETURN OF A BIRTH.

26735

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 9 th 1878
4. Place of Birth (Street and Number)	No 176 Hamburg st
5. Full Name of Mother	Magdalena Hensel
6. Mother's Maiden Name	Krause
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Hohnkel
9. Father's Occupation	Box maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schnoesser Midwife
Address	213 Orrs st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26736

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 9th 1878
4. Place of Birth (Street and Number) 17 N. Fopleton st
5. Full Name of Mother Amanda E. Abell
6. Mother's Maiden Name Amanda E. Barbour
7. Mother's Birthplace Towsontown Balto Co Md
8. Full Name of Father Charles Taylor Abell
9. Father's Occupation Printer
10. Father's Birthplace Balto. City

Name of Medical Attendant, or other Person who makes this Return. J. N. S. Jordan, M.D.

Address 532 Lexington st

Remarks A very large healthy child, weighing about 10 lbs

26737

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept 9th 1878
4. *Place of Birth (Street and Number)*	Balto. Md 17 N. Howard St
5. *Full Name of Mother*	Helen M. Lewis
6. *Mother's Maiden Name*	Helen M. Curley
7. *Mother's Birthplace*	Balto. Md
8. *Full Name of Father*	Henry B. Lewis
9. *Father's Occupation*	Restaurant
10. *Father's Birthplace*	Balto. Md
Name of Medical Attendant, or other Person who makes this return	Dr Jane Winneberger
Address	23 N. Liberty
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26738.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twins
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	Oct 9 1878
4. Place of Birth (Street and Number)	1102 N Howard St
5. Full Name of Mother	Henrietta Rosenblatt
6. Mother's Maiden Name	Henrietta Goldsmith
7. Mother's Birthplace	Balt
8. Full Name of Father	Sigmund Rosenblatt
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J H Pattison M D
Address	28 Franklin
Remarks	Balt

RETURN OF A BIRTH.

21029
26739

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 11 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* [illegible]

3. *Date of Birth* Sept 9th 1878

4. *Place of Birth (Street and Number)* No 921 East Pratt st

5. *Full Name of Mother* Susan Ann Taylor

6. *Mother's Maiden Name* Susan A. Hines

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Daniel Taylor

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Dr. L. Hollins

Address [illegible]

Remarks

26740

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st. Children one

1. Sex (state whether Male ~~or Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 9th 1878

4. Place of Birth (Street and Number) 105. Fair Mount Avenue

5. Full Name of Mother Sarah Willis Packham

6. Mother's Maiden Name " Sweeting

7. Mother's Birthplace Baltimore

8. Full Name of Father Lewis Packham

9. Father's Occupation Clerk

10. Father's Birthplace St Lewis Missouria

Name of Medical Attendant, or other Person who makes this Return. Guy W Watson

Address 18 Aisquith St

Remarks

GIVEN NAME ADDED 8-19-57

RETURN OF A BIRTH.

96711

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

Henry Weaver	
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th of Sept: 1878
4. Place of Birth (Street and Number)	233 Bond
5. Full Name of Mother	Lizzie Weaver.
6. Mother's Maiden Name	Lizzie Silverson
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Weaver
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this return	M Cary Kalbe
Address	125 N Caroline
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

D 6742

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Brown complexion
3. *Date of Birth* Sep 9th 1878
4. *Place of Birth (Street and Number)* No 1 St Pauls Ct
5. *Full Name of Mother* Rebecca Alexson
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* St Michaels
8. *Full Name of Father* Gray Allen
9. *Father's Occupation* Farmer
10. *Father's Birthplace* St Michaels

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address # 6 Hamilton St

Remarks Illegitimate Birth

RETURN OF A BIRTH.

26713

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 September
4. *Place of Birth (Street and Number)* 280 Dickson Street
5. *Full Name of Mother* Louisa Doll
6. *Mother's Maiden Name* Leblue
7. *Mother's Birthplace* Philadelphia
8. *Full Name of Father* Joseph Doll
9. *Father's Occupation* Iron
10. *Father's Birthplace* Philadelphia

Name of Medical Attendant, or other Person who makes this Return. Sophia Lemon

Address 1020 Granby

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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26744

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sep. 9
4. Place of Birth (Street and Number)	Cr. Oak & Brown St.
5. Full Name of Mother	Ida Edwards
6. Mother's Maiden Name	Ida Nilson
7. Mother's Birthplace	Georgetown D.C.
8. Full Name of Father	Frank Edwards
9. Father's Occupation	Clerk
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	H M Wilson
Address	257 Mad. ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26745

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	9th September 1878.
4. Place of Birth (Street and Number)	38 Read st. Baltimore
5. Full Name of Mother	Dalia Meinel
6. Mother's Maiden Name	Dalia Lappe
7. Mother's Birthplace	Hessfeld (Germany)
8. Full Name of Father	Alfred Wilhelm Meinel
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. W. Waldmann M. D.
Address	120 Read st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26746

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth " 1 "
1. Sex (state whether Male or Female)	Male "
2. Race or Color (if not of the white race)	
3. Date of Birth	September 7 1878
4. Place of Birth (Street and Number)	No 329 N Amm Street
5. Full Name of Mother	Mary E Kennard
6. Mother's Maiden Name	Mary E. Leonard
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas J Kennard
9. Father's Occupation	Sugar Packer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	256 N Longh St
Remarks	

tract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26747

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 9th 1878
4. Place of Birth (Street and Number)	116 Stephens st
5. Full Name of Mother	P. P. Bassett
6. Mother's Maiden Name	Priscilla Bassett
7. Mother's Birthplace	Virginia
8. Full Name of Father	Chas J. Bassett
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	# 213 N Washington st
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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26748

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 10 th 1878
4. *Place of Birth (Street and Number)* 190 n Eutaw str
5. *Full Name of Mother* Maria Stam
6. *Mother's Maiden Name* M. Straus
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Johan Stam
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mar. R. Rudiger

Address 134 n. Bond str.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26749

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 10th of September
4. *Place of Birth (Street and Number)* 281 Howard St.
5. *Full Name of Mother* Mary Catharine Baltzinger Nichols
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Baltzinger.
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby.

Address 369 Cathedral St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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26750

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.d.

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* September 19th 1878.

4. *Place of Birth (Street and Number)* Battery Av 98

5. *Full Name of Mother* Margretta Lowry

6. *Mother's Maiden Name* Margretta Schneider

7. *Mother's Birthplace* Baltimore, M.d.

8. *Full Name of Father* Lloyd Lowry

9. *Father's Occupation* Baltimore. J M.d.

10. *Father's Birthplace* Laborer

Name of Medical Attendant, or other Person who makes this Return Dorothea Bruns

Address 114 Battery Av.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26751

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth Child
1. Sex (state whether Male or Female)	Baby
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 10th 1878
4. Place of Birth (Street and Number)	N. Benett Street
5. Full Name of Mother	Cathen Waters
6. Mother's Maiden Name	Cathen Russell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Steven Walters
9. Father's Occupation	Puller
10. Father's Birthplace	Arlen. Baltimore
Name of Medical Attendant, or other Person who makes this Return	Louisa Wiley
Address	M2 Patterson Park Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26752

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Iffird Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 10th 1818
4. Place of Birth (Street and Number)	N 322 Bank Street
5. Full Name of Mother	Agnes Gibbon
6. Mother's Maiden Name	Agnes Gilbert
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Gibbon
9. Father's Occupation	Sigar Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Louisa Wiley
Address	N 12. Patterson Park Avenue
Remarks	

SEP 1818 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27753

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth September 12th 1878

4. Place of Birth (Street and Number) 926 E. Fondaway

5. Full Name of Mother Sarah V. Steyer

6. Mother's Maiden Name Sarah V. Crisp

7. Mother's Birthplace Balto City

8. Full Name of Father David E. Steyer

9. Father's Occupation Machinist

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. D. [illegible]

Address [illegible]

Remarks

RETURN OF A BIRTH.

21754

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Th.
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 10. th 1878
4. Place of Birth (Street and Number)	No. 6 Harford road.
5. Full Name of Mother	E. Pruitt
6. Mother's Maiden Name	E. Carr
7. Mother's Birthplace	Anne arundel county.
8. Full Name of Father	George Pruit
9. Father's Occupation	Waller works
10. Father's Birthplace	Baltimore county
Name of Medical Attendant, or other Person who makes this Return.	M. & D. M. A. Butt
Address	No 185 S.E. cor of Central & Monument St.
Remarks	Well.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21765

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No Child one

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 10th 1878
4. *Place of Birth (Street and Number)* No 40. North Bond St.
5. *Full Name of Mother* Harriet Matilda Simson
6. *Mother's Maiden Name* Stewart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Walter Leakin Simson
9. *Father's Occupation* Stockfitter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Scott Watson

Address 18 Aisquith St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26756

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 10 September
4. *Place of Birth (Street and Number)* No 15 Somerset St
5. *Full Name of Mother* Mina Wartmann
6. *Mother's Maiden Name* Bollvie
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Wartmann
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Carter

Address No 52 E. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26757

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	6 September 1878
4. Place of Birth (Street and Number)	No 14 Front St.
5. Full Name of Mother	Magie Trumbull
6. Mother's Maiden Name	Spillmann
7. Mother's Birthplace	M D
8. Full Name of Father	Joseph Trumbull
9. Father's Occupation	Laborer
10. Father's Birthplace	M D
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dora Cooper
Address	52 E. Lombard St
Remarks	

RETURN OF A BIRTH.

26758

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10th of September
4. Place of Birth (Street and Number)	Baltimore Hall Street
5. Full Name of Mother	Elizabeth Barrett
6. Mother's Maiden Name	Elizabeth Brown
7. Mother's Birthplace	London England
8. Full Name of Father	John Barrett
9. Father's Occupation	Labourer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Margaret Ellet
Address	No. 13 Cubia Street
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26759

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~2~~ 4 Children
1. *Sex (state whether Male or Female)*	Female the 3
2. *Race or Color (if not of the white race)*	White race.
3. *Date of Birth*	10 of September 1878
4. *Place of Birth (Street and Number)*	No 135 Bailey Avenue
5. *Full Name of Mother*	Lilly Blank
6. *Mother's Maiden Name*	Lilly Miller
7. *Mother's Birthplace*	Germania
8. *Full Name of Father*	Frederick Blank 1848
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Germania
Name of Medical Attendant, or other Person who makes this return	Sabina Grisbaber M.D.
Address	No 128 West St. Baltimore Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 26760

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3th Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	10 of September 1878
4. *Place of Birth (Street and Number)*	Corner of Grafs & Lulenhal St. # 281
5. *Full Name of Mother*	Annie Graft.
6. *Mother's Maiden Name*	Annie Hitchcock
7. *Mother's Birthplace*	Baltimor Md.
8. *Full Name of Father*	Charls Graft.
9. *Father's Occupation*	Shimer
10. *Father's Birthplace*	Baltimor Md.
Name of Medical Attendant, or other Person who makes this return	Sabina Grishaber
Address	M.D. # 128 West St. Baltimor Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

26761

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 10th
4. *Place of Birth (Street and Number)* 106 Chestnut St
5. *Full Name of Mother* Annie Johnson
6. *Mother's Maiden Name* Annie Hardy
7. *Mother's Birthplace* Dover St Baltimore
8. *Full Name of Father* Ben Johnson
9. *Father's Occupation* Labourer
10. *Father's Birthplace* Annapolis

Name of Medical Attendant, or other Person who makes this Return.

Address Ann Ruff 102 Chestnut St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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26762

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	10th September
4. Place of Birth (Street and Number)	#39 Scott St
5. Full Name of Mother	Sarah Forest
6. Mother's Maiden Name	Mc Ford
7. Mother's Birthplace	Philadelphia Pa
8. Full Name of Father	Lot Forest
9. Father's Occupation	Boot Cutter
10. Father's Birthplace	Washington DC
Name of Medical Attendant, or other Person who makes this Return.	Catharine Seebach
Address	1139 W. Pratt St
Remarks	

21763

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10 Sept
4. *Place of Birth (Street and Number)* 14 Stott
5. *Full Name of Mother* Josephine Prazak
6. *Mother's Maiden Name* C. Keisler
7. *Mother's Birthplace* Elbisau Bohemia
8. *Full Name of Father* Josef Prazak
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Nehodiv Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Barnes St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26764

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* born September 16
4. *Place of Birth (Street and Number)* Baltimore 341 Cross Street
5. *Full Name of Mother* Mary Justus
6. *Mother's Maiden Name* " Williams
7. *Mother's Birthplace* Dorchester County
8. *Full Name of Father* Nicholas Justus
9. *Father's Occupation* Brick and Oyster Business
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilson

Address 293 Cross street

Remarks

RETURN OF A BIRTH.

26765

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 11. 1878
4. Place of Birth (Street and Number)	# 52 Castle St.
5. Full Name of Mother	Maggie Habel
6. Mother's Maiden Name	" Heber
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Thomas Habel
9. Father's Occupation	Laborer
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Leber
Address	# 52 Castle St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26766

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	September 11th 1878
4. Place of Birth (Street and Number)	325 W Lombard St.
5. Full Name of Mother	Marietta McNeal
6. Mother's Maiden Name	Marietta James
7. Mother's Birthplace	Balto
8. Full Name of Father	Chas McNeal
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Saml S. Powell M.D.
Address	No 29 Arsquith St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26767

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 11th. 1878.
4. Place of Birth (Street and Number)	No. Philadelphia road
5. Full Name of Mother	Raitchel Hartner
6. Mother's Maiden Name	Raitchel Heaver
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew Hartner
9. Father's Occupation	Morrocco finisher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. J. Butler
Address	No 185 S.E. cor. Central av. Monument St.
Remarks	Well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26768

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept 25th 1878
4. *Place of Birth (Street and Number)*	317 E. Pratt
5. *Full Name of Mother*	Amanda Williams
6. *Mother's Maiden Name*	Lockwood
7. *Mother's Birthplace*	Baltimore Co.
8. *Full Name of Father*	Albert Whitby
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Baltimore Co.
Name of Medical Attendant, or other Person who makes this Return	Mary Miller
Address	1211 Kaville
Remarks	

B.M. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26769

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	September 11th 1878
4. *Place of Birth (Street and Number)*	330 Myrtle Avenue
5. *Full Name of Mother*	Belle Taylor Laughlin Fullerton
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Thomas Laughlin
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Penalty for violations of the Rules of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26770

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st & 1h
1. *Sex (state whether Male or Female)*	Male Male
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	on the 11th of September 1878
4. *Place of Birth (Street and Number)*	107 German St
5. *Full Name of Mother*	L. Schaffer
6. *Mother's Maiden Name*	L. Kirsch
7. *Mother's Birthplace*	born in Hessen Germany
8. *Full Name of Father*	Wm Adam Schaffer
9. *Father's Occupation*	Butcher
10. *Father's Birthplace*	born in Balto. City
Name of Medical Attendant, or other Person who makes this return	Miss Miller
Address	81 57 Small Alley
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26771

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept. 11th 1878
4. *Place of Birth (Street and Number)* 142 North Gay st
5. *Full Name of Mother* Kate Donnelly
6. *Mother's Maiden Name* Kate Fennemahr.
7. *Mother's Birthplace* Balt. City
8. *Full Name of Father* John Donnelly
9. *Father's Occupation* Iron & Foundry Man
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. John E. Fennemahr M.D.
Address 5. W. Corner of Read st.
Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26772

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White.
3. Date of Birth 11th of September
4. Place of Birth (Street and Number) Baltimore Baltimore st. No 6,
5. Full Name of Mother Caroline Flandeffer.
6. Mother's Maiden Name Caroline Wederhicke
7. Mother's Birthplace Baltimore
8. Full Name of Father Theodore Flandeffer
9. Father's Occupation Furniture
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Lewis Wm B Habenicht

Address No 26. N Strieker Street Baltimore Md.

Remarks

RETURN OF A BIRTH.

26773

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	September 11th 1878
4. Place of Birth (Street and Number)	No 416 Orleans Street
5. Full Name of Mother	Emma V Simpson
6. Mother's Maiden Name	Emma V Leary
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Noah F Simpson
9. Father's Occupation	Brick-layer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	131 N Dough st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, thin six days thereafter, stating distinctly the date of birth, sex, and color of the child or children n, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26774

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Children

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White race

3. *Date of Birth* 11 of September 1878

4. *Place of Birth (Street and Number)* No. 58 Gross St.

5. *Full Name of Mother* Rebecca Bankoff

6. *Mother's Maiden Name* Rebecca Walker

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* William Bankoff

9. *Father's Occupation* Symphonist

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Sabina Grisbacher

Address No 125 West St. Baltimore Md

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26775

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3. Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 11 th. 1878
4. Place of Birth (Street and Number)	No. 15 West st
5. Full Name of Mother	Louise Holtgrave
6. Mother's Maiden Name	Winkell
7. Mother's Birthplace	Germany
8. Full Name of Father	Wilhelm A. Holtgrave
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26776

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sept 11th 1878.
4. Place of Birth (Street and Number)	No. 191 N. Carolina St.
5. Full Name of Mother	Rebecca J. Hutchins
6. Mother's Maiden Name	Rebecca J. Smith.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Wm J. Hutchins.
9. Father's Occupation	Painter.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno F. Powell M.D.
Address	227 Aisquith St.
Remarks	Child Healthy

Penalties for Violations of the Rules of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26777

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept. 11 1878
4. *Place of Birth (Street and Number)* No 56 Low St
5. *Full Name of Mother* ~~Cate Hristby~~ Cate Harris
6. *Mother's Maiden Name* Cate Hristby
7. *Mother's Birthplace* Kent County MD
8. *Full Name of Father* William Harris
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace* Beaufort S.C.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sophy Hines

Address 135 Chestnut

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26778

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 22. 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 11 September 1878
4. Place of Birth (Street and Number) 112 Hamburg st
5. Full Name of Mother Katharina Schaefer
6. Mother's Maiden Name Katharina Schaefer
7. Mother's Birthplace Germany
8. Full Name of Father Adolph Schaefer
9. Father's Occupation Sailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who Makes this Return. Katharina Muench

Address 98 Leadenhall st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26779

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 11 th 1878
4. Place of Birth (Street and Number)	No 860 W Pratt St
5. Full Name of Mother	August Dabrasky
6. Mother's Maiden Name	August Schmeltz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Dabrasky
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	
Address	Home Dr Schmeltz
Remarks	

vect Record of Vital Statistics in the City of Baltimore.

Tint any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26780

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
14
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 12 & 1878
4. *Place of Birth (Street and Number)* 115 E. Baltimore St
5. *Full Name of Mother* Margret Schlaugberger
6. *Mother's Maiden Name* Margr. Spangberger
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Carl Schlaugberger
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Chas. R. Rudiger

Address 134 N Bond Str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26781

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	12 Sept. 1878
4. Place of Birth (Street and Number)	Cor Shot 3rd & Dover Sts
5. Full Name of Mother	Amanda Grund
6. Mother's Maiden Name	" Frank.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas Grund
9. Father's Occupation	Box Maker
10. Father's Birthplace	Zachow. Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mary Korth
Address	328 South Eutaw.
Remarks	

Penalty. Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26782

HEALTH DEPARTMENT SEP 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1, child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* sept 12 1878
4. *Place of Birth (Street and Number)* 274 bank st
5. *Full Name of Mother* dora wates
6. *Mother's Maiden Name* dora sharwood
7. *Mother's Birthplace* baltimore
8. *Full Name of Father* John wates
9. *Father's Occupation* capten of bat
10. *Father's Birthplace* charles co md

Name of Medical Attendant, or other Person who makes this return Rachel an n garrett

Address 483 alicean na st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26783

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* September 12th 1878
4. *Place of Birth (Street and Number)* No 44 Clay St.
5. *Full Name of Mother* Catherine Heinman
6. *Mother's Maiden Name* Catherine Unmuth
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Heinman
9. *Father's Occupation* Cook
10. *Father's Birthplace* New York city

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winzeberger

Address No 23 N. Liberty St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26784

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	Sept 12th 1878
4. Place of Birth (Street and Number)	Maternite — 169 W. Lombard St.
5. Full Name of Mother	Maggie Duvall
6. Mother's Maiden Name	Maggie Duvall
7. Mother's Birthplace	Ind
8. Full Name of Father	Mr. Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Strull, M.D. Resident Physician
Address	Maternite Hospital — 169 W. Lombard St.
Remarks	Mother and child, doing well & friend waiting

RETURN OF A BIRTH.

26785

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* september 12 1878
4. *Place of Birth (Street and Number)* h duzzken alley
5. *Full Name of Mother* allern gardener
6. *Mother's Maiden Name* allgen anil
7. *Mother's Birthplace* baltimore co
8. *Full Name of Father* John gardener
9. *Father's Occupation* blacksmith
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicean na st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Law Requirements by the Bureau of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27786

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 ~~1~~

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 12 1878
4. *Place of Birth (Street and Number)* No 7 St Paul Court
5. *Full Name of Mother* Eliza Perkins
6. *Mother's Maiden Name* ~~Perkins~~
7. *Mother's Birthplace* St Michaels
8. *Full Name of Father* ~~Perkins~~
9. *Father's Occupation* ~~Perkins~~
10. *Father's Birthplace* ~~Perkins~~

Name of Medical Attendant, or other Person who makes this return Robert Williams

Address No 70 Chew Street

Remarks White Lived two days

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

EXPLICIT Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26787

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female,
2. *Race or Color (if not of the white race)* White,
3. *Date of Birth* Sept. 12. 1878.
4. *Place of Birth (Street and Number)* Durant St.
5. *Full Name of Mother* Mary E. Brewer,
6. *Mother's Maiden Name* Norwood,
7. *Mother's Birthplace* Anne Arundel Co. Md.
8. *Full Name of Father* Jno. N. Brewer,
9. *Father's Occupation* Clerk,
10. *Father's Birthplace* N. A. Co.

Name of Medical Attendant, or other Person who makes this Return. J. L. Ryle, M. D.,

Address 247 Lanvale st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26788

3

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 12 1878
4. *Place of Birth (Street and Number)* No 72 Elbow Lane
5. *Full Name of Mother* Ellen Finney
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Accomac Accomac County Va
8. *Full Name of Father* Leveen Finney
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Accomac County Virginia

Name of Medical Attendant, or other Person who makes this return Debbie Thomas

Address 11 Burgundy alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26789

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. Sex (state whether Male or Female) fem.
2. Race or Color (if not of the white race) Beld
3. Date of Birth 12 Sept 1878
4. Place of Birth (Street and Number) 279 N. Eutaw
5. Full Name of Mother Ann M. Ridout
6. Mother's Maiden Name " " Nichols
7. Mother's Birthplace md.
8. Full Name of Father Wellington Ridout
9. Father's Occupation Carter
10. Father's Birthplace md

Name of Medical Attendant, or other Person who makes this Return. Abram Tanyhill

Address 129 N Biddle

Remarks

Direct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26790

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colled
3. *Date of Birth* Sept the 12. 18. 78.
4. *Place of Birth (Street and Number)* No. 2. Welch. alley.
5. *Full Name of Mother* Mary. Wallace
6. *Mother's Maiden Name* Mary, La.
7. *Mother's Birthplace* Prach. City
8. *Full Name of Father* James. La
9. *Father's Occupation* Occupation Soter
10. *Father's Birthplace* Baltimore. City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary. E. M. W.

Address No. 74. Ayson St Baltimore.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26791

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 12th 1878
4. Place of Birth (Street and Number)	No 54 Milliman St
5. Full Name of Mother	Norah L Wilson
6. Mother's Maiden Name	Norah L Clocker
7. Mother's Birthplace	St Mary's County Md
8. Full Name of Father	James H Wilson
9. Father's Occupation	Clerk
10. Father's Birthplace	Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Mary A Mitchell
Address	256 N Smallwood St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or
se at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid,
in six days thereafter, stating distinctly the date of birth, sex, and color of the child or children
, its or their physical condition, whether still born or not, the full name, nativity, and residence
he parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26792

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 4
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	12 of Sept 1878
4. *Place of Birth (Street and Number)*	Penn St.
5. *Full Name of Mother*	Jane Louise Mallie
6. *Mother's Maiden Name*	Jane Louise Clarke
7. *Mother's Birthplace*	Prince Wales Co
8. *Full Name of Father*	Jno H. Capes
9. *Father's Occupation*	Brewer Baker
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this return	Mary Mallie
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

2693

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 5

1. *Sex (state whether Male or Female)* ~~male~~ female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 12 1878
4. *Place of Birth (Street and Number)* East St No 61
5. *Full Name of Mother* Frances Groves
6. *Mother's Maiden Name* Frances Davis
7. *Mother's Birthplace* Queenstown Co
8. *Full Name of Father* John H. Groves
9. *Father's Occupation* Laber
10. *Father's Birthplace* Queenstown Co

Name of Medical Attendant, or other Person who makes this Return. Maria Gordon midwife

Address East St No 49

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

267981

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White "
3. Date of Birth	No 12 Bradford alley
4. Place of Birth (Street and Number)	Sept 17th 1878
5. Full Name of Mother	Dora B. Hildebrant
6. Mother's Maiden Name	Dora Bausch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Chas Hildebrant
9. Father's Occupation	Laborer "
10. Father's Birthplace	Baltimore "
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary Kinnon
Address	# 213 E. Washington Str
Remarks	" J. H. B

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26795

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5-12-
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 12th 1878
4. Place of Birth (Street and Number)	No 140 Chesnut St
5. Full Name of Mother	Mary Caroline Adams
6. Mother's Maiden Name	Mary Caroline Joyce
7. Mother's Birthplace	Baltimore M. D.
8. Full Name of Father	Jos Alexis Adams Jr
9. Father's Occupation	Writer
10. Father's Birthplace	Baltimore M. D.
Name of Medical Attendant, or other Person who makes this Return.	D. H. Bruninghaus M. D.
Address	N. E. Cor Forden & Mulberry
Remarks	

For Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26796

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.). Forth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12 September
4. *Place of Birth (Street and Number)* No 124 Poppleton St
5. *Full Name of Mother* Lizie A Wimpsett
6. *Mother's Maiden Name* Lizie A Kennard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert J Wimpsett
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Goodman

Address Paca St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

Time any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21797

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 12th 1878
4. Place of Birth (Street and Number)	173 Gough St.
5. Full Name of Mother	Charlotte Louthine
6. Mother's Maiden Name	" Wright
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Jas. Louthine
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	R. W. Hamilton M. D.
Address	117 S. Broadway
Remarks	

RETURN OF A BIRTH.

26798

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep 12th 1878
4. Place of Birth (Street and Number)	No 300 East St
5. Full Name of Mother	Mena Stello
6. Mother's Maiden Name	Mena Dehring
7. Mother's Birthplace	Germany
8. Full Name of Father	George Stello
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 106 West St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26799

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2 d

1. Sex (*state whether Male or Female*) Female
2. Race or Color (*if not of the white race*) White
3. Date of Birth 12th September 1878
4. Place of Birth (*Street and Number*) No 88 Stonewall St
5. Full Name of Mother Margaretta Ohrenschall
6. Mother's Maiden Name Margaretta Remmel
7. Mother's Birthplace Germany
8. Full Name of Father Gottfried Ohrenschall
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Anna Engelding

Address 14 Union St

Remarks

21800

RETURN OF A BIRTH.

1

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Boie
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 Sept.
4. Place of Birth (Street and Number)	321 Durham Str
5. Full Name of Mother	Josefine Janousek
6. Mother's Maiden Name	" Charvat
7. Mother's Birthplace	Prebor or Bohemia
8. Full Name of Father	John Janousek
9. Father's Occupation	Laborer
10. Father's Birthplace	Nehrejov Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnard
Remarks	

RETURN OF A BIRTH.

26801

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th September 1878
4. *Place of Birth (Street and Number)* 151 Franklin st.
5. *Full Name of Mother* Kunigunda Pfeifer
6. *Mother's Maiden Name* Kunigunda Winkelleber
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Matthias Pfeifer
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Midwife Theresa Eigeldinger

Address 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26802

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 12 September
4. *Place of Birth (Street and Number)* 207 Eutaw St between Baltimore & Lombard
5. *Full Name of Mother* Mrs Annie McCleary
6. *Mother's Maiden Name* Miss Annie Rogers
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Mr Michael McCleary
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Margret Ettel

Address No 13 Eutaw Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26803

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 12th 1878
4. Place of Birth (Street and Number)	63 E. Monument Str
5. Full Name of Mother	Kate McGinnity
6. Mother's Maiden Name	Kate Schellenberger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry McGinnity
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	O Deya Hillegist
Address	182 E. Monument Sts
Remarks	

26804

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September 12 1878
4. Place of Birth (Street and Number)	No 41 S. Caroline st
5. Full Name of Mother	Estie B. Stokes
6. Mother's Maiden Name	Estie B. Stokes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	No account
9. Father's Occupation	No account
10. Father's Birthplace	No account
Name of Medical Attendant, or other Person who makes this Return.	Leah Walker
Address	No 198 S. Wallace
Remarks	Child in good health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child; children born, its or their physical condition, whether still born or not, the full name, place of residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT BALTIMORE 1878 SEP 16

RETURN OF A BIRTH.

26805

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 12th
4. Place of Birth (Street and Number)	Hibbs alley
5. Full Name of Mother	Sarah Smith
6. Mother's Maiden Name	Sarah Marvel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Stephen Smith
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Ann Nash
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26806

HEALTH DEPARTMENT SEP 17 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th Sept
4. *Place of Birth (Street and Number)* 441 N Central Avenue
5. *Full Name of Mother* J. Blanch Richardson
6. *Mother's Maiden Name* J. Blanch Wheeler
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* G C Richardson
9. *Father's Occupation* Rail Roader Engineer
10. *Father's Birthplace* Harford Co

Name of Medical Attendant, or other Person who makes this Return. Mrs L Conner

Address 296 E Madison St

Remarks

RETURN OF A BIRTH.

26807

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 12th day of September

4. Place of Birth (Street and Number) No 355 West St

5. Full Name of Mother Mary E. Schley

6. Mother's Maiden Name Mary E. Harrison

7. Mother's Birthplace Baltimore City

8. Full Name of Father Jacob L. Schley

9. Father's Occupation Tinner

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kate Munch

Address 98 Lurman all Pl ~~Baltimore Md~~

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26808

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 Halls alley
4. *Place of Birth (Street and Number)* 12 Sept 1878
5. *Full Name of Mother* Sallie Metzdorf
6. *Mother's Maiden Name* Sallie Blackstone
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter Metzdorf
9. *Father's Occupation* Fisherman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26809

HEALTH DEPARTMENT
SEP 30 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 12 1878
4. Place of Birth (Street and Number)	N. Wolfe str No 7
5. Full Name of Mother	Mathilde Wesken
6. Mother's Maiden Name	Boeseches
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Wesken
9. Father's Occupation	Ebener
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. Joh. Baumgarth
Address	E. Wolfe str No 98
Remarks	Umbilic

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26810

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 17th 1878
4. *Place of Birth (Street and Number)* No. 115 S. Sharp St.
5. *Full Name of Mother* Mary Prechtel
6. *Mother's Maiden Name* " Schillinger.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Prechtel
9. *Father's Occupation* Clerk,
10. *Father's Birthplace* Baltimore,

Name of Medical Attendant, or other Person who makes this return John Moore, M.D.

Address No. 6 Franklin St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26811

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Sept 12th 1878

4. *Place of Birth (Street and Number)* 1 Oxford Ct

5. *Full Name of Mother* Mary Knell

6. *Mother's Maiden Name* " Bucher

7. *Mother's Birthplace* Baltimore Co

8. *Full Name of Father* George Knell

9. *Father's Occupation* Shoemaker

10. *Father's Birthplace* Balto Co

Name of Medical Attendant, or other Person who makes this return Annie Brewer M.D.

Address 220 Pratt St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26812

HEALTH DEPARTMENT OCT 8 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Sept 12th 1878

4. Place of Birth (Street and Number) No 106 Duncan

5. Full Name of Mother Mary Philpotts

6. Mother's Maiden Name Ellman

7. Mother's Birthplace Germany

8. Full Name of Father Frank Philpotts

9. Father's Occupation Miner

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bushman

Address 120 Bank

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26813

HEALTH DEPARTMENT SEP 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	13 September
4. *Place of Birth (Street and Number)*	132 Fuller Street
5. *Full Name of Mother*	Dora Schminke
6. *Mother's Maiden Name*	" Sondorf
7. *Mother's Birthplace*	Oldenburg, Germany
8. *Full Name of Father*	Julius Schminke
9. *Father's Occupation*	Grocer
10. *Father's Birthplace*	West Wahlen Germany
Name of Medical Attendant, or other Person who makes this Return.	Henry Kurtz
Address	328 South Eutaw St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1 1876 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 13th 1876
4. Place of Birth (Street and Number)	No 2 ½ Walker St
5. Full Name of Mother	Annie L Bowersox
6. Mother's Maiden Name	Oconnor
7. Mother's Birthplace	City
8. Full Name of Father	Valentine Bowersox
9. Father's Occupation	Gen'l Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Jno. D. Blake M.D.
Address	140 Scott St
Remarks	This Child was Miscarriage at 6 Month

RETURN OF A BIRTH.

26815

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 11

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* the 19 of September 1878
4. *Place of Birth (Street and Number)* 92 Chestnut Alley
5. *Full Name of Mother* Josephine Jones
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* Balto
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this return Proctor
Address Williams No 70 Centre
Remarks —

Fact Record of Vital Statistics in the City of Baltimore.

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WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26817

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 12th of September 1878
4. Place of Birth (Street and Number) 30 Union st
5. Full Name of Mother Katharina Hundemark
6. Mother's Maiden Name " Emerich
7. Mother's Birthplace Germany
8. Full Name of Father August Hundemark
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigeldinger

Address 14 Union st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26817

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 1st September
4. Place of Birth (Street and Number) 227 Peirce st
5. Full Name of Mother Louisa Blass
6. Mother's Maiden Name Louisa Bohnlofsk
7. Mother's Birthplace Germany
8. Full Name of Father Joseph Blass
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engeldinger

Address 114 Union St

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

21818

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 a

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth September 13th 1878.
4. Place of Birth (Street and Number) Fort Av. No 97.
5. Full Name of Mother Mary Mc Indoe
6. Mother's Maiden Name Mary Carr.
7. Mother's Birthplace Scotland.
8. Full Name of Father John Mc Indoe.
9. Father's Occupation Cooper
10. Father's Birthplace Scotland

Name of Medical Attendant, or other Person who makes this Return Dorothea Bruns.

Address 114 Battery Av

Remarks

RETURN OF A BIRTH.

26819

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 13th september
4. *Place of Birth (Street and Number)* Ramsay st 1538 Baltimore city
5. *Full Name of Mother* Lyneaser Lancaster
6. *Mother's Maiden Name* Lyneaser Scheeles
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Joseph Lancaster
9. *Father's Occupation* Hunter
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mrs Anderson

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

268.20

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child
1. Sex (state whether Male or Female) Girl
2. Race or Color (if not of the white race) White
3. Date of Birth September 16th
4. Place of Birth (Street and Number) 18 Edel South St
5. Full Name of Mother Susan Jones
6. Mother's Maiden Name Susan Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father John H Jones
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Edward Kunkel
Address 11 Druid Chapel St opp John Hunkel
Remarks Baltimore

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26891

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 13th 1878
4. *Place of Birth (Street and Number)* No 2 Pig Alley
5. *Full Name of Mother* Sarah Blackwell
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Accomac Co Berginia
8. *Full Name of Father* George Burss
9. *Father's Occupation* Laber
10. *Father's Birthplace* Accomac Co Berginia

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STA[illegible]

Form of Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26822

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	13 Sept 1878
4. *Place of Birth (Street and Number)*	268 N. Dallas St.
5. *Full Name of Mother*	Francis Miller
6. *Mother's Maiden Name*	Greenfelder
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Miller
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Miller
Address	151 E. Pratt St.
Remarks	

RETURN OF A BIRTH.

26823

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sep. 13-1878
4. Place of Birth (Street and Number)	628 Bethel St.
5. Full Name of Mother	Emma Wolfrom
6. Mother's Maiden Name	Tauber
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Wolfrom
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertraud Miller
Address	1516 E Pratt St
Remarks	

21824

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth September 13/78

4. Place of Birth (Street and Number) 765 N. Pratt St. Balt.

5. Full Name of Mother Hannah Levin

6. Mother's Maiden Name Hannah Bloch

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Louis Levin

9. Father's Occupation Merchant

10. Father's Birthplace Breslau Prussia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Lindner

Address 45 Monroe Street Balt.

Remarks

See Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26825

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	13 September
4. Place of Birth (Street and Number)	Baltimor Andrew St. No 6
5. Full Name of Mother	Elisabeth Lebbeheren
6. Mother's Maiden Name	Elisabeth Prenger
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Karhard Lebbeheren
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Margret Ellen
Remarks	No 13 Calvia Street

red Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26826

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) American
3. *Date of Birth* Sept 13th
4. *Place of Birth* (Street and Number) 118 Pine St
5. *Full Name of Mother* Annie P. Mulen
6. *Mother's Maiden Name* " P. Henrie
7. *Mother's Birthplace* Baltimore "
8. *Full Name of Father* Chas Lewis Mulen
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace* Balto "

Name of Medical Attendant, or other Person who makes this Return. H. F. Hill M D

Address N. E. Cor. Fremont & Mulberry Sts

Remarks

Real Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 26827

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 13 th.
4. *Place of Birth (Street and Number)* No. 714 Marshall Ave
5. *Full Name of Mother* Annie Elizebeth Dressel
6. *Mother's Maiden Name* A. E. Klein.
7. *Mother's Birthplace* Baltimore. M. D
8. *Full Name of Father* Martin Dressel.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Baltimore,

Name of Medical Attendant, or other Person who makes this Return. Dr. B. Lybrand

Address 826 E. Lombard Street

Remarks L. W. L.

Fee Returns of Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26828

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 13 1878
4. *Place of Birth (Street and Number)* No 13 peach alley
5. *Full Name of Mother* Anna Bentley
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. May Chase

Address Medical

Remarks No 13 peach alley

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26829

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 13 September 1878
4. Place of Birth (Street and Number) No 6 Albemarle St.
5. Full Name of Mother Carolina Boyd
6. Mother's Maiden Name Wagner
7. Mother's Birthplace U. S.
8. Full Name of Father Charles Boyd
9. Father's Occupation Policeman
10. Father's Birthplace U. S.

Name of Medical Attendant, or other Person who makes this Return Mrs Sara Cusser

Address No 82 E. Lombard St.

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26830

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13th September 18, 8
4. *Place of Birth (Street and Number)* Clark St. No 5 E
5. *Full Name of Mother* Johanna Ledger
6. *Mother's Maiden Name* Frank
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Adolf Ledger
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Dale Cooper

Address 52 E. Lombard Street

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26831

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 a

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 13 September
4. *Place of Birth (Street and Number)* W. Lexington Street 187
5. *Full Name of Mother* Mathilde Tiefiff
6. *Mother's Maiden Name* Mathilde Seltz
7. *Mother's Birthplace* Ostfriesland Germany
8. *Full Name of Father* August Tiefiff
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Oldenburg — Hanover

Name of Medical Attendant, or other Person who makes this Return. Dr. Reinhard

Address 224 West Fayette Street

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FORM RECOMMENDED by THE REGISTRAR OF THE CITY OF BALTIMORE.

RETURN OF A BIRTH.

96891

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12 Sept
4. Place of Birth (Street and Number)	68 Mc Henry St.
5. Full Name of Mother	Mary A. Friele
6. Mother's Maiden Name	Gunman
7. Mother's Birthplace	Ireland
8. Full Name of Father	Olivia Friele
9. Father's Occupation	Railroad
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Chrisman
Address	No 7 Tunnel Place
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26833

SEP 24 1878 HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 13 1878
4. *Place of Birth (Street and Number)* 190 E. Monument Str
5. *Full Name of Mother* Georgetta Kilduff.
6. *Mother's Maiden Name* H. Hunter
7. *Mother's Birthplace* Harford County
8. *Full Name of Father* Arthur Kilduff
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dena Hilgenist

Address 182 E. Monument Sts

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

This Return to be made by Every Physician in the City of Baltimore.

Mathew

RETURN OF A BIRTH.

26831

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race)
3. Date of Birth September 18 1878
4. Place of Birth (Street and Number) Exeter No 3
5. Full Name of Mother Mariam Gloom
6. Mother's Maiden Name Thursby
7. Mother's Birthplace Baltimore City
8. Full Name of Father Jno Gloom M.D.
9. Father's Occupation
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return.

Address J.W. Gloom M.D.

Remarks

RETURN OF A BIRTH.

26835

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 13th 1878
4. *Place of Birth (Street and Number)* Baltimore Montgomery St 1st 218
5. *Full Name of Mother* Mary Knight
6. *Mother's Maiden Name* Cahi
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Knight
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Scarborough

Address 14 220 Montgomery St Baltimore

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26836

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

Child of Mother (state whether 1st, 2d, 3d, &c.) 1

(state whether Male or Female) Male

ce or Color (if not of the white race) Colored

te of Birth 13th September

ce of Birth (Street and Number) № 207 N. Howard St

ll Name of Mother Leinai Lee

ther's Maiden Name Leinai Williams

ther's Birthplace Elkridge Landing

ll Name of Father Charles Washington Lee

ther's Occupation Drayman

ther's Birthplace Anrundel County

me of Medical Attendant, or other Person who makes this Return. Pinx Ewell

dress № 209 N. Howard St

marks good Attendents

RETURN OF A BIRTH. 26837

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 14th 1878
4. Place of Birth (Street and Number)	148 Mulberry St-
5. Full Name of Mother	Caroline L. Matthews
6. Mother's Maiden Name	Caroline L. Bloxam
7. Mother's Birthplace	Accomac County Va
8. Full Name of Father	Geo. A. Matthews
9. Father's Occupation	Machinist
10. Father's Birthplace	Martinsburg W. Va.
Name of Medical Attendant, or other Person who makes this Return.	J. R. Uhler M.D.
Address	234 W. Fayette St-
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26838

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* W. White
3. *Date of Birth* 14 Sept
4. *Place of Birth (Street and Number)* 822 Baltimore st Centre
5. *Full Name of Mother* Alice Binney
6. *Mother's Maiden Name* Alice Lee
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* George W Binney
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Gunpowder Balto Co

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Fullerton

Address 104 Lucky 21 Centre

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26839

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white race
3. Date of Birth	September the 11
4. Place of Birth (Street and Number)	Baltimore ford de Fosa
5. Full Name of Mother	Mary Colmon
6. Mother's Maiden Name	Mary Brone
7. Mother's Birthplace	Baltimore Co
8. Full Name of Father	Giles Colmon
9. Father's Occupation	teamster
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Elisabeth Kithorn
Address	ford de N 1510
Remarks	

RETURN OF A BIRTH.

26840

HEALTH DEPARTMENT
SEP
18
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White
3. Date of Birth 14 September
4. Place of Birth (Street and Number) 320 Ann Street
5. Full Name of Mother Marie Rizinska
6. Mother's Maiden Name Bolcer
7. Mother's Birthplace Wongrowiec Germany
8. Full Name of Father Mateus Bolcer
9. Father's Occupation —
10. Father's Birthplace Wongrowiec

Name of Medical Attendant, or other Person who makes this return Marie Giettner

Address Wolfe Street 245

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

For Records of Vital Statistics in the City of Baltimore.

This any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the Registrar of Vital Statistics, within ten days thereafter, stating distinctly the place of birth, age and color of the parents, and the sex or name of such child, and whether still born or not; and if the parents are unmarried, the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26841

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th & 7th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	white
3. Date of Birth	14th of Sept 1878
4. Place of Birth (Street and Number)	685 W. Lombard
5. Full Name of Mother	Bertha Lapricht
6. Mother's Maiden Name	Bertha Krahn
7. Mother's Birthplace	Danzig (Germany)
8. Full Name of Father	Gerhard Schmidt
9. Father's Occupation	Clerk
10. Father's Birthplace	Gonabrueck Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. H. Weisman M.D.
Address	120 Park Ave.
Remarks	Still born

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26842

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 14th 1878.
4. Place of Birth (Street and Number)	31 N. Exeter St.
5. Full Name of Mother	Alice M. Cole.
6. Mother's Maiden Name	Alice M. Dodge
7. Mother's Birthplace	Massachusetts.
8. Full Name of Father	Lewis Cole
9. Father's Occupation	Police Officer
10. Father's Birthplace	Alexandria Va
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	25½ Greenmount Ave
Remarks	"Vertex Presentation"

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26843

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth 14th September 1878
4. Place of Birth (Street and Number) Light Street No 642
5. Full Name of Mother Mary Miller
6. Mother's Maiden Name Mary Orth
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father John Miller
9. Father's Occupation Tobacco
10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return Dorothea Brune

Address 114 Battery Av

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26814

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	14 Sept
4. Place of Birth (Street and Number)	28 E Addison 2d bk
5. Full Name of Mother	Elisabeth A Brian
6. Mother's Maiden Name	Ireland
7. Mother's Birthplace	Thomas County Ire
8. Full Name of Father	Elisabeth Brian
9. Father's Occupation	Malt House
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Ursula J Chrismer
Address	No 7 Forest Place
Remarks	

Penalty imposed by Public Statutes of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26815

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 14th 1878
4. *Place of Birth (Street and Number)* 364 n. Gay Str.
5. *Full Name of Mother* Mary Kahl
6. *Mother's Maiden Name* M. Holzner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Kahl
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address No 182 east Monument Str

Remarks

Act Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26816

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 14th 1878
4. Place of Birth (Street and Number)	No. 506 Penn Ave.
5. Full Name of Mother	Helen Immel
6. Mother's Maiden Name	Helen Graeff
7. Mother's Birthplace	Bran
8. Full Name of Father	Walter Immel
9. Father's Occupation	Undertaker
10. Father's Birthplace	Darmstart
Name of Medical Attendant, or other Person who makes this return	C. Schitt
Address	
Remarks	No 476 Penn Ave.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26847

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	13
4. Place of Birth (Street and Number)	71 Jefferson Street
5. Full Name of Mother	Louise Handy
6. Mother's Maiden Name	Elizabeth Davis
7. Mother's Birthplace	Maryland
8. Full Name of Father	Charles Handy
9. Father's Occupation	Laborer
10. Father's Birthplace	Summerset County
Name of Medical Attendant, or other Person who makes this Return.	Harry E. Barber
Address	87 Jefferson Street
Remarks	Nil

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ...ise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, ...within six days thereafter, stating distinctly the date of birth, sex, and color of the child as ... ...born, its or their physical condition, whether still born or not, the full name, maiden, and ... of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

26848

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 14th 1878
4. Place of Birth (Street and Number)	#15 Walter St
5. Full Name of Mother	Sarah Lyons (n Hl)
6. Mother's Maiden Name	Sarah Heidemeyer
7. Mother's Birthplace	Baltimore City Md
8. Full Name of Father	John Lyons
9. Father's Occupation	Sergt. U. S. Army
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	W. H. Hitchcock M.D.
Address	87. Perkin Street
Remarks	Physical condition good.

Act 1874, Chap. 1, Sec. 4.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21847

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race)

3. Date of Birth Sept 14th 1878

4. Place of Birth (Street and Number) 398 Eastern Ave

5. Full Name of Mother Maria Meiner

6. Mother's Maiden Name " Hottlett

7. Mother's Birthplace City

8. Full Name of Father John Meiner

9. Father's Occupation Laborer

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Bushmeier

Address 124 Bank St

Remarks

Free Returns of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence or the parents, and the maiden name of the mother of such child or children.

26850

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 11th 1878
4. *Place of Birth (Street and Number)* 209 Eastern Ave
5. *Full Name of Mother* Lina Bauer
6. *Mother's Maiden Name* Friedrich
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Georg Bauer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bauer

Address 209 Eastern ave

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26851
26852

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twin; 11th & 12th

1. Sex (state whether Male or Female) Male & Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth September 14th 1878

4. Place of Birth (Street and Number) No 152 N. Green St

5. Full Name of Mother Mary Emmeth Arnold

6. Mother's Maiden Name " " Hairston K

7. Mother's Birthplace Pittsburg Pa

8. Full Name of Father William Arnold

9. Father's Occupation Waiter at Winters

10. Father's Birthplace Prince George Co Md

Name of Medical Attendant, or other Person who makes this Return. Abigail Wiley

Address 1156 Fayette Street

Remarks The Colored woman of full term. The children [illegible] & healthy and were not quite [illegible]

Text Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26833

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Color female
2. *Race or Color (if not of the white race)* September 14
3. *Date of Birth* 14 day of September 1878
4. *Place of Birth (Street and Number)* 9 E 5-3 ave
5. *Full Name of Mother* mrs. Barbara E
6. *Mother's Maiden Name* mrs. Barbara E
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Samuel - Barbara E
9. *Father's Occupation* mr. Barbara E
10. *Father's Birthplace* Germany Carroll Co Md

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Neglect of Vital Statistics in the City of Baltimore.

26134

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15th Sept
4. *Place of Birth (Street and Number)* no 82 Lombard st Center
5. *Full Name of Mother* Ellen Dean
6. *Mother's Maiden Name* Ellen Mooney
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Luke Dean
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Mrs Sarah Sullivan

Address 104 Bailey st Center

Remarks

WM. J. C. INGLAND & CO. CITY PRINTERS AND STATIONERS.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar within six days thereafter, stating distinctly the date of birth, sex, and color of the child born, its or their physical condition, whether still born or not, the full name, nativity, and the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

Baltimore within — BALTIMORE CITY.

135 N. Carlton

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 12th Sept
4. Place of Birth (Street and Number) 336 N. Eutaw
5. Full Name of Mother Mary Sharp
6. Mother's Maiden Name Mc Whirter
7. Mother's Birthplace Baltimore Co.
8. Full Name of Father Christ Sharp
9. Father's Occupation Cigar Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this return Dr. Lane

Address 336 N. Eutaw

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26856

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name. John McWilliams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth September 15, 1878
4. Place of Birth (Street and Number) 82 Eutaw st
5. Full Name of Mother Catherine mc williams
6. Mother's Maiden Name Catherin linaman
7. Mother's Birthplace germany
8. Full Name of Father Robert mc williams
9. Father's Occupation Laborer
10. Father's Birthplace baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel ann garett

Address 423 africa na st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No. 21857

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 15 th 1878
4. Place of Birth (Street and Number)	N 26 Gilmor st
5. Full Name of Mother	Louise Siemerjel
6. Mother's Maiden Name	Schmeltz
7. Mother's Birthplace	America
8. Full Name of Father	Louis Siemerjer
9. Father's Occupation	Shoemaker
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schwasser midwife
Address	213 Cross st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26858

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 15th 1878

4. Place of Birth (Street and Number) No 1 Portugal Alley

5. Full Name of Mother Mrs L Brehmer

6. Mother's Maiden Name Mrs Lang

7. Mother's Birthplace Germany

8. Full Name of Father L. Brehmer

9. Father's Occupation Labor

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs Mary E Simms

Address

Remarks # 203 E Washington

Penalty for Neglect to Make Returns in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

96859

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 22. 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 19th 1878
4. *Place of Birth (Street and Number)* 1629 W. Pratt St
5. *Full Name of Mother* Bridget Murphy
6. *Mother's Maiden Name* " McMorrow
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thos Murphy
9. *Father's Occupation* Mechanic (Shoemaker)
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. D L Sprecher M D

Address 879 W Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26860

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th Sept
4. Place of Birth (Street and Number)	Chestnut St
5. Full Name of Mother	Alice McElroy
6. Mother's Maiden Name	Burns
7. Mother's Birthplace	Ireland
8. Full Name of Father	James McElroy
9. Father's Occupation	Shoe Maker
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrismer
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

2861

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 15
4. *Place of Birth (Street and Number)* Spring st 77
5. *Full Name of Mother* Emma Dennis
6. *Mother's Maiden Name* Emma Height
7. *Mother's Birthplace* ~~Baltimore~~ Baltimore
8. *Full Name of Father* Benj Dennis
9. *Father's Occupation* Driver
10. *Father's Birthplace* Enon Hill Md

Name of Medical Attendant, or other Person who makes this return

Address Elizebeth Foots

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Act Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26862

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) ?
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth Sept 15 78
4. Place of Birth (Street and Number) 162 Lyme
5. Full Name of Mother Lucinda Clarke
6. Mother's Maiden Name ?
7. Mother's Birthplace Montgomery Co Md
8. Full Name of Father Saml. Clark
9. Father's Occupation Porter
10. Father's Birthplace ?

Name of Medical Attendant, or other Person who makes this return Lewis M. Eastman

Address 349 Lest

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, advise at the birth of any child, within the City of Baltimore, shall report to the registrar afore within six days thereafter, stating distinctly the date of birth, sex, and color of the child or chil born. Its or their physical condition, whether still born or not, the full name, nativity, and resid the parents, and the maiden name of the mother of such child or children.

26863

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 15th 1878
4. Place of Birth (Street and Number)	700 Hanover St
5. Full Name of Mother	Eliz Hill
6. Mother's Maiden Name	Eliz Bennick
7. Mother's Birthplace	Maryland
8. Full Name of Father	Jesse Hill
9. Father's Occupation	Carpenter
10. Father's Birthplace	Maryland
Name of Medical Attendant, or other Person who makes this Return	Theodore Lee & Mrs
Address	
Remarks	

PENALTY OF FAILURE TO MAKE RETURN.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26861

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	
3. Date of Birth	16th of September 78
4. Place of Birth (Street and Number)	No 1 north Fremont St.
5. Full Name of Mother	Theressia Reinach
6. Mother's Maiden Name	" " Heim
7. Mother's Birthplace	Rödersheim Rhein Bavaria Germanie
8. Full Name of Father	Isaac Reinach
9. Father's Occupation	clothing cutter (or Tailor)
10. Father's Birthplace	Deidesheim Rhein Bavaria Germanie
Name of Medical Attendant, or other Person who makes this Return.	Mess Dummler & Schroeder
Address	D Reinach nr 1 north Fremont St near Balto St
Remarks	

...that any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ... at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21865

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The first
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	15th of September
4. Place of Birth (Street and Number)	508 W. Lexington St.
5. Full Name of Mother	Mary Hess
6. Mother's Maiden Name	Mary Diderich
7. Mother's Birthplace	Fritzlar Hessen Cassel Europe
8. Full Name of Father	John Hess
9. Father's Occupation	Florist
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return	Mrs. Dumler 60 Schroeder
Address	Mrs John Hess 508 Lexington St. Baltimore Md.
Remarks	

26866

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

1 7 5.11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Duty to Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Nine

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 14
4. Place of Birth (Street and Number) 23 West Shuter Street
5. Full Name of Mother Annie Hazel
6. Mother's Maiden Name Annie Snowden
7. Mother's Birthplace Annapolis
8. Full Name of Father Albert Hazel
9. Father's Occupation Laborer
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. Marr Barber

Address 27 Jefferson Street

Remarks Not Any

RETURN OF A BIRTH.

26867

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore 3 child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 Sept 1878
4. *Place of Birth (Street and Number)* Baltimore 20 Cove st E. n
5. *Full Name of Mother* Hanna
6. *Mother's Maiden Name* A. [illegible] Jordan
7. *Mother's Birthplace* Bavaria
8. *Full Name of Father* John [illegible]
9. *Father's Occupation* Tinsmith
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 67 E Monroe St

Remarks Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26868

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 15th 1878
4. *Place of Birth (Street and Number)* N. 126 S. Ann st.
5. *Full Name of Mother* Eliza Rosenberger
6. *Mother's Maiden Name* Seiger
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Rosenberger
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Rosenberger

Address 126 South st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE NOV 20 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st
1. Sex (state whether Male or Female)	[illegible]
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	[illegible]
4. Place of Birth (Street and Number)	[illegible]
5. Full Name of Mother	[illegible]
6. Mother's Maiden Name	[illegible]
7. Mother's Birthplace	[illegible]
8. Full Name of Father	[illegible]
9. Father's Occupation	[illegible]
10. Father's Birthplace	[illegible]
Name of Medical Attendant, or other Person who makes this Return.	C. [illegible]
Address	569 [illegible]
Remarks	[illegible]

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26870.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	16th Sept
4. *Place of Birth (Street and Number)*	63 O'Donnell st Canton
5. *Full Name of Mother*	Elizabeth Wilke
6. *Mother's Maiden Name*	Elizabeth Hildebrant
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Frederick Wilke
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mrs Sarah Sellers
Address	104 Linsley st Canton
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4 th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 16 th 1878
4. Place of Birth (Street and Number)	Baltimore Bloom alley No 174
5. Full Name of Mother	Adaline Waymore
6. Mother's Maiden Name	Adline Jones
7. Mother's Birthplace	Baltimore city
8. Full Name of Father	John Waymore
9. Father's Occupation	drayman
10. Father's Birthplace	Eastern Shore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Francis Granby
Address	
Remarks	

26872

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4"
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16th Sept. 1878
4. Place of Birth (Street and Number)	42 S. Bond
5. Full Name of Mother	Mary Heafley
6. Mother's Maiden Name	" Brourley
7. Mother's Birthplace	Balto. city
8. Full Name of Father	Patrick Heafley
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto. city
Name of Medical Attendant, or other Person who makes this Return.	Dr. R W Mansfield
Address	117 S Broadway
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26873

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5. d.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	16. of September 1878.
4. Place of Birth (Street and Number)	N. 41. Abbott St Balto.
5. Full Name of Mother	Marye Lipa
6. Mother's Maiden Name	M. Pazourek
7. Mother's Birthplace	Bohemia.
8. Full Name of Father	Eknac. Lipa.
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Katerina Pazourek
Address	N. 41 Abbott St. Balto.
Remarks	Born Live.

Penalty of Violation of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2h 5/11

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Male - Edward F. Cole
2. Race or Color (if not of the white race)	White.
3. Date of Birth	16th of September
4. Place of Birth (Street and Number)	# 116 E. Eager St.
5. Full Name of Mother	Clara E. Cole.
6. Mother's Maiden Name	Clara E. Standiford
7. Mother's Birthplace	Baltimore. Md
8. Full Name of Father	Edgar E. Cole.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Alexandria Va.
Name of Medical Attendant, or other Person who makes this Return.	Wilmer Brinton M.D.
Address	25½ Greenmount Ave.
Remarks	"Footlx Presentation"

Full name of child added by father upon applying for a transcript.
E F Cole
June 29-1927

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26875

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Wiethe
3. *Date of Birth* 16 September
4. *Place of Birth (Street and Number)* 104 Langest Street.
5. *Full Name of Mother* Loise Witenhoe
6. *Mother's Maiden Name* Frenk
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Paul Fent
9. *Father's Occupation* — — — —
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Marie Güttner

Address Wolfe Street 245.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Duty of Physician to Return Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. 9/11 1878

HEALTH DEPARTMENT SEP 16 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 9/11 16th 1878.
4. *Place of Birth (Street and Number)* 312 Dolphin St
5. *Full Name of Mother* Maggie Kahmer
6. *Mother's Maiden Name* Maggie Sintler
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Conrad Kahmer.
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Amend

Address 131 South Wolfe Street

Remarks H

RETURN OF A BIRTH. 26877

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) first

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Sept 16 1878
4. *Place of Birth (Street and Number)* N° 813 N Broadway
5. *Full Name of Mother* Sarah Seiger.
6. *Mother's Maiden Name* Sarah Stone
7. *Mother's Birthplace* Balt
8. *Full Name of Father* Jas Seiger.
9. *Father's Occupation* Retired Farmer Memphis
10. *Father's Birthplace* Balt

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 28 Franklin "

Remarks

RETURN OF A BIRTH.

26878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th September 1878
4. *Place of Birth (Street and Number)* 203 S. Fremont st
5. *Full Name of Mother* Auguste Wiesner
6. *Mother's Maiden Name* Auguste Beker
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Wiesner
9. *Father's Occupation* Chair Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Muench

Address 98 Leadenhall st

Remarks

RETURN OF A BIRTH.

26879

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	15
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 16 1878
4. Place of Birth (Street and Number)	150 Wolf Street Baltimore Md
5. Full Name of Mother	Lucinda Watts
6. Mother's Maiden Name	Lucinda Taylor
7. Mother's Birthplace	York County Pennsylvania
8. Full Name of Father	Sebrutt Watts
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore County
Name of Medical Attendant, or other Person who makes this Return.	Amanda McGaine
Address	378 East Monument St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the molden name of the mother of such child or children.

Penalty.—For every neglect of duty in the premises, the sum of Five Dollars is the City of Baltimore.

26880

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	September 16th 1878.
4. Place of Birth (Street and Number)	Johnson Street. No 50.
5. Full Name of Mother	Margaret Petty.
6. Mother's Maiden Name	Margaret Gallagher
7. Mother's Birthplace	Ireland.
8. Full Name of Father	James Petty.
9. Father's Occupation	Labor
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Brune
Address	114 Battery Av.
Remarks	

Duty of Persons in Charge of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21881

RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 16th 1878
4. *Place of Birth (Street and Number)* Baltimore County 8 M 206
5. *Full Name of Mother*
6. *Mother's Maiden Name* Kate Crouch
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Burns
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Scarborough

Address No. 220 Monument St

Remarks the girl is not Married but says Burns is the father of the Baby

Law Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 20 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore 4 child
1. *Sex (state whether Male or Female)* girl
2. *Race or Color (if not of the white race)* White race "
3. *Date of Birth* 16th September 1878
4. *Place of Birth (Street and Number)* Baltimore Fayette St. 1.
5. *Full Name of Mother* Fanny Blue
6. *Mother's Maiden Name* Fanny Josephus
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Gaspuh
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Gaspuh
Address 69 Mulberry Str.
Remarks Mr. 1 Baltimore Md

The Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26883

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	"
3. Date of Birth	Sept 16th 1878
4. Place of Birth (Street and Number)	N 234 Montgomery st
5. Full Name of Mother	Cathern Isedora Koehler
6. Mother's Maiden Name	
7. Mother's Birthplace	Germany
8. Full Name of Father	Christoph L Dedeer
9. Father's Occupation	Carpet Manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmasser or Midwife
Address	213 Hood st.
Remarks	

RETURN OF A BIRTH.

26881

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 16th September 1878
4. Place of Birth (Street and Number) 19 Beckers Row Court
5. Full Name of Mother Amelia Geiser
6. Mother's Maiden Name Amelia Wesel
7. Mother's Birthplace Germany
8. Full Name of Father John Geiser
9. Father's Occupation Taylor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelding
Address 114 Union St
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26885

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 16th 1878
4. *Place of Birth (Street and Number)* 31 Rose Street
5. *Full Name of Mother* Laura Dorsey
6. *Mother's Maiden Name* Laura Hayburn
7. *Mother's Birthplace* Frederick County M. D.
8. *Full Name of Father* Alfred Dorsey
9. *Father's Occupation* Drayman
10. *Father's Birthplace* Baltimore & County M. D.

Name of Medical Attendant, or other Person who makes this return Hester Bordley M. D.

Address 85 Orchard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

FORM Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26886

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 16th 1878
4. Place of Birth (Street and Number)	No 123 Gay St
5. Full Name of Mother	Rebecca M. Knight
6. Mother's Maiden Name	Smith
7. Mother's Birthplace	City
8. Full Name of Father	Wm M. Knight
9. Father's Occupation	Laborer
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	Mr Elizabeth Buchanan
Address	120 Bank St
Remarks	

Rules according to which Returns to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26887

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 16th 1878
4. *Place of Birth (Street and Number)* 328 N Bond
5. *Full Name of Mother* Margaretha Spindler
6. *Mother's Maiden Name* Kopf
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Spindler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bundeman

Address 120 Bond st

Remarks

Fee allowed by Vital Statistics to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26888

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* Sept 16 1878
4. *Place of Birth (Street and Number)* 1136 Saling Street
5. *Full Name of Mother* Lizzie Ann Wiley
6. *Mother's Maiden Name* Lizzie Ann Bass
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Garrett Wiley
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this return Reuben Wilson

Address No 70 Lemmon Street

Remarks Mother and Child doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26889

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 16 78
4. Place of Birth (Street and Number)	#64 Wyeth St
5. Full Name of Mother	Elizabeth Geisel
6. Mother's Maiden Name	Jacob
7. Mother's Birthplace	Kurhessen
8. Full Name of Father	Henry Geisel
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Kurhessen
Name of Medical Attendant, or other Person who makes this Return.	Mary Hook
Address	338 S. Eutaw St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect, misstatement or refusal, in the City of Baltimore.

RETURN OF A BIRTH.

26890

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1/1
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 16th 1878
4. Place of Birth (Street and Number)	South Wolf Str 20
5. Full Name of Mother	Remigunde Rauch
6. Mother's Maiden Name	Schmidt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Adam Rauch
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Joh. Rauch
Address	S. Wolf Str. No. 28
Remarks	Uninsured

Penalty for Neglect.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21891

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 16, 1878
4. Place of Birth (Street and Number)	Lombard str 343
5. Full Name of Mother	Mary Stenger
6. Mother's Maiden Name	Doberneck
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Johan Stenger
9. Father's Occupation	Brummaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Joh Rosenpoch
Address	South Wolf 428
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21892

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* sept 17.1878
4. *Place of Birth (Street and Number)* Booth st
5. *Full Name of Mother*
6. *Mother's Maiden Name* Luiza Gustus
7. *Mother's Birthplace* Eastern shore Md
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Proctor

Address No 10 Carlton st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for neglect, a fine not exceeding one hundred dollars, with the costs of suit.—Ordinances of the City of Baltimore.

RETURN OF A BIRTH.

26893

HEALTH DEPARTMENT SEP 17 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	Sept. 17th 1878
4. Place of Birth (Street and Number)	Maternite - 163 W. Lombard St
5. Full Name of Mother	Alice Koch
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Md
8. Full Name of Father	Wm. Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Streett Md Resident Physician
Address	Maternite - 163 W. Lombard St
Remarks	Child died one hour after birth from asphyxia

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21894

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 18 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 17 1878
4. Place of Birth (Street and Number)	3 Patterson av
5. Full Name of Mother	Mary Agnes Lee
6. Mother's Maiden Name	a St Clair
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Jno W Lee
9. Father's Occupation	Plumber [redacted]
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	A Tinsley MD
Address	186 Druid Hill av
Remarks	City

Penalty for Violation of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26895

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, ~~3d, &c.~~) ____

1. *Sex (state whether Male ~~or Female~~)* ____
2. *Race or Color (if not of the white race)* Blake
3. *Date of Birth* Sept 17th 1878
4. *Place of Birth (Street and Number)* No 91 N. Dallas N-
5. *Full Name of Mother* Martha Ellen Jackson
6. *Mother's Maiden Name* " " Graves
7. *Mother's Birthplace* Anne Arundle County - Maryland
8. *Full Name of Father* Lewis, Henry Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Dorchester County - Maryland

Name of Medical Attendant, or other Person who makes this Return. Wm. H. Russell -

Address N W. Cor Broadway & Madison st

Remarks ____

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26896

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st Child died Sept 1878 Ps. 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Sept. 17
4. Place of Birth (Street and Number) 515 McElderry St Extended
5. Full Name of Mother Amelia Cornish
6. Mother's Maiden Name Jane
7. Mother's Birthplace Born in Baltimore Md
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Tiddy Lauckmann

Address

Remarks May She rest in peace

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26897

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep 17th 1878
4. Place of Birth (Street and Number)	No 88 Fort st
5. Full Name of Mother	Hanna Rinsheimer
6. Mother's Maiden Name	Hanna Smith
7. Mother's Birthplace	Germany
8. Full Name of Father	John Rinsheimer
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Heiner
Address	No 16 West st
Remarks	

Exact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21898

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 17 September 1878
4. Place of Birth (Street and Number) No 29 Watson St
5. Full Name of Mother
6. Mother's Maiden Name Jeni Jeneson
7. Mother's Birthplace U S
8. Full Name of Father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casner

Address No 52 E. Lombard St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Returns required by Public Ordinance in the City of Baltimore.

RETURN OF A BIRTH.

26899

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	17 September 18, 8
4. Place of Birth (Street and Number)	124 High St.
5. Full Name of Mother	Catharina Grees
6. Mother's Maiden Name	Schi
7. Mother's Birthplace	U S
8. Full Name of Father	James Grees
9. Father's Occupation	Watchman
10. Father's Birthplace	U S
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Casper
Address	No 52 E. Lombard St.
Remarks	

Penalty of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26900

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 17. 1878
4. *Place of Birth (Street and Number)* N. Central Av. No. 67
5. *Full Name of Mother* Katharina Groeder
6. *Mother's Maiden Name* Katharine Schweiger
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Conrad Groeder
9. *Father's Occupation* Milk Dealer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas A. No. 26

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Section 9, Ordinances of the City of Baltimore.

RETURN OF A BIRTH.

26901

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 22. 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	Sept 14 1878
4. Place of Birth (Street and Number)	233 Saratoga St
5. Full Name of Mother	Lily Spriggs
6. Mother's Maiden Name	McGowan
7. Mother's Birthplace	Balto
8. Full Name of Father	Saml. D. Spriggs
9. Father's Occupation	Telegraphist
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Richard Muskerry, M.D.
Address	189 N Howard St
Remarks	

Clerk's Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

21902

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first one
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colord
3. Date of Birth	Baltimore
4. Place of Birth (Street and Number)	No 83 burgunder Ally & 17 of septomber
5. Full Name of Mother	
6. Mother's Maiden Name	Sardh E oliver
7. Mother's Birthplace	Baltimore
8. Full Name of Father	unknown
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Mary Jane Richerson
Address	No 212 Dover st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26903

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 17th 1888
4. *Place of Birth (Street and Number)* 102 S Bond St
5. *Full Name of Mother* Mary E Hartman
6. *Mother's Maiden Name* " " Roche
7. *Mother's Birthplace* Md
8. *Full Name of Father* Albert Hartman
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bauslemeier

Address 120 Bank St

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

269011

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) "

3. Date of Birth Sept 17th 1918

4. Place of Birth (Street and Number) No 127 Gough St

5. Full Name of Mother Anna E Carr

6. Mother's Maiden Name " Taylor

7. Mother's Birthplace Md

8. Full Name of Father Willie J Carr

9. Father's Occupation Porter

10. Father's Birthplace Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchanan

Address 124 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26905

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 17 To 1878
4. *Place of Birth (Street and Number)* 10 Potter St.
5. *Full Name of Mother* Johanna Gerd Rowitty
6. *Mother's Maiden Name* David
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fredrick Rowitty
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bussler

Address 120 Bank St.

Remarks

Post Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26906

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9th child

1. Sex (state whether Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth 17th Sept. 1878

4. Place of Birth (Street and Number) S. E. Cor. Linden Av. & Preston

5. Full Name of Mother Emily Irwin

6. Mother's Maiden Name Emily Chantier

7. Mother's Birthplace Baltimore Md

8. Full Name of Father John A. Irwin

9. Father's Occupation Confectioner

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. W. T. Hammond

Address 161 Madison Ave

Remarks. Forehead presentation

Case delivery by forceps

The Return of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26907

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	17 September
4. Place of Birth (Street and Number)	1209 Hudson st
5. Full Name of Mother	Cumy Mc Arnett
6. Mother's Maiden Name	Cumy Mc Williams
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Arnett
9. Father's Occupation	Laborer
10. Father's Birthplace	Dorchester County md
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12. Patterson Park Avenue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Failure to Report Births to the City of Baltimore.

RETURN OF A BIRTH.

26908

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Twin

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 17th 1878
4. *Place of Birth (Street and Number)* No 225 North Edon
5. *Full Name of Mother* Kate Whatcher
6. *Mother's Maiden Name* " Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Walter Cabb Whatcher
9. *Father's Occupation* Millwright
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Geo. H. Newell M.D.

Address 18 Aisquith St. Balto.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26909

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

SEP 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	
1. *Sex* (state whether Male or Female)	Female
2. *Race or Color* (if not of the white race)	
3. *Date of Birth*	September 17. 1878
4. *Place of Birth* (Street and Number)	Ellyott Str 45
5. *Full Name of Mother*	Elisabeth Schneider
6. *Mother's Maiden Name*	Fischer
7. *Mother's Birthplace*	Hessen
8. *Full Name of Father*	Joseph Schneider
9. *Father's Occupation*	Smith
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Jno. Johan Baarperch
Address	Wolf Str 28
Remarks	Washington

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26910

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colour
3. *Date of Birth* the 17 of Septem 1878
4. *Place of Birth (Street and Number)* No 116 Chesnut Alley
5. *Full Name of Mother* Octava York
6. *Mother's Maiden Name* Octava Jackson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph York
9. *Father's Occupation* Sailor
10. *Father's Birthplace* North Carlina

Name of Medical Attendant, or other Person who makes this return South Hill

Address No 70 Chesnut Alley

Remarks Mother and Child doing well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26911

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* 8 of September
4. *Place of Birth (Street and Number)* 123 Marble St
5. *Full Name of Mother* Abel Meldenid
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father*
9. *Father's Occupation* Labror
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Charles Goldsborg

Address address north ave

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26912

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex (state whether Male ~~or Female~~) Male
2. Race or Color (if not of the white race) White
3. Date of Birth September 18th. 1878.
4. Place of Birth (Street and Number) Hampstead St. No 26.
5. Full Name of Mother Elisabetha Strehl
6. Mother's Maiden Name Elisabetha Voeltner
7. Mother's Birthplace Frankenberg. K. Preussen. Germany
8. Full Name of Father Jakob Strehl
9. Father's Occupation Shoemaker
10. Father's Birthplace Hochstadt. K. Preussen. Gumany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26.

Remarks

Duty of Persons Required to Record Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 22 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 18th 1878
4. *Place of Birth (Street and Number)* No 129 Bowdoin st
5. *Full Name of Mother* Wilhelmine Traeft
6. *Mother's Maiden Name* Leuh
7. *Mother's Birthplace* America
8. *Full Name of Father* Louis Traeft
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Labrosse midwife

Address 213 Cross st.

Remarks

That Return of Births to be made to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

~~5887~~ 11
769

HEALTH DEPARTMENT SEP 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) Colored

3. Date of Birth Sept the 18 m

4. Place of Birth (Street and Number) 176 S Eden St

5. Full Name of Mother Jane Wells

6. Mother's Maiden Name Jane Stuart

7. Mother's Birthplace Eastern Shore Md

8. Full Name of Father James Wells

9. Father's Occupation Waiter

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Lucy Upshur

Address 176 Eastern St

Remarks Baltimore Md

Real Estate of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 21915

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	18 September 1878
4. Place of Birth (Street and Number)	18 Granby St.
5. Full Name of Mother	Rica Ebstein
6. Mother's Maiden Name	Spando
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernhard Ebstein
9. Father's Occupation	Tailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Sara Cuppia
Address	No 2 E. Lombard St
Remarks	

Penalty attached by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26916

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18th September 1878
4. *Place of Birth (Street and Number)* No 510 Pennsylvania Avenue
5. *Full Name of Mother* Anna Friedenberger
6. *Mother's Maiden Name* Anna Breihl
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Friedenberger
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Eigelsberger

Address No 114 [redacted] Ave

Remarks

Duty of Persons in charge of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, as to their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26917

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Thurd Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colard
3. *Date of Birth* September the 18
4. *Place of Birth (Street and Number)* jews ally 88
5. *Full Name of Mother* merildy Blackson
6. *Mother's Maiden Name* not Married
7. *Mother's Birthplace* hallard Conty md
8. *Full Name of Father* harry Taylor
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Dr Linder Consit

Address no 48 Riddel ally

Remarks Well an hartey Child

Law Relating to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26918

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 18th 1878
4. *Place of Birth (Street and Number)* No 31 N Highlow
5. *Full Name of Mother* Barbara Gaetchen
6. *Mother's Maiden Name* Bopp
7. *Mother's Birthplace* Md
8. *Full Name of Father* George Gaetchen
9. *Father's Occupation* Superintendent
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bunker

Address 120 Bond

Remarks

Real Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26919

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Both Color Born on
2. *Race or Color (if not of the white race)* Birth of Born on 15 of Sept
3. *Date of Birth* Same "
4. *Place of Birth (Street and Number)* Plac Birth St Howard 276
5. *Full Name of Mother* Sallay Barfield
6. *Mother's Maiden Name* Durell
7. *Mother's Birthplace* Mather, Baltimore
8. *Full Name of Father* Benjamin Barlow
9. *Father's Occupation* Occupation Waiter
10. *Father's Birthplace* West River

Name of Medical Attendant, or other Person who makes this Return. Sarah Durell 276 Howard St

Address

Remarks

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26990

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 18th 1878
4. Place of Birth (Street and Number)	366 William St.
5. Full Name of Mother	Wilhelmine Roemer
6. Mother's Maiden Name	do Steigler
7. Mother's Birthplace	Germany
8. Full Name of Father	Lawrence Roemer
9 Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr Smith M.D
Address	108 S. Sharp St.
Remarks	

The Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26921

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18 Sep. 1878
4. *Place of Birth (Street and Number)* 54 Granby St.
5. *Full Name of Mother* Mary Layton
6. *Mother's Maiden Name* Mc Shane
7. *Mother's Birthplace* Fredericksburg Va
8. *Full Name of Father* Charles Layton
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Fredericksburg Va

Name of Medical Attendant, or other Person who makes this Return. Gertraud Miller

Address 1516 Ora H St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26922

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 children. 3 living

1. Sex (state whether Male ~~or Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept. 18th 1878,

4. Place of Birth (Street and Number) 636. Aisquith St Baltimore

5. Full Name of Mother Caroline Sadler Sadler

6. Mother's Maiden Name Whitely

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father John Henry Sadler

9. Father's Occupation Huckster

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Wm H Simpson

Address 18 Augusta St Balt.

Remarks

26923

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* the 15 September
4. *Place of Birth (Street and Number)* No 12 Gay Street
5. *Full Name of Mother* Lucy Ann
6. *Mother's Maiden Name* ——
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* ——
9. *Father's Occupation* ——
10. *Father's Birthplace* ——

Name of Medical Attendant, or other Person who makes this return Rozzelle

Address William No 20 Pleasant

Remarks Mother Street Christ Church Well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26724

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore 3rd "

1. Sex (state whether Male or Female) Boy "

2. Race or Color (if not of the white race) White race

3. Date of Birth 19 Sept 1878

4. Place of Birth (Street and Number) Baltimore Duncan Alley 37

5. Full Name of Mother Anney Bill

6. Mother's Maiden Name Anney Potuckick

7. Mother's Birthplace Bohemia

8. Full Name of Father Potuckela

9. Father's Occupation Laborer

10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. M. Kopitsh

Address 69 Washington St

Remarks M. Baltimore Md

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26925

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 Sept.
4. Place of Birth (Street and Number)	20 Stall St
5. Full Name of Mother	Rose Martinek
6. Mother's Maiden Name	Kulas
7. Mother's Birthplace	Bezan Bohemia
8. Full Name of Father	Joel Martinek
9. Father's Occupation	Tobacco
10. Father's Birthplace	Trebon Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Konvalinka
Address	20 Barnes St
Remarks	

26926

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept. 19th. 1878
4. *Place of Birth (Street and Number)*	No 42 Frederick St.
5. *Full Name of Mother*	Margreta Sanders.
6. *Mother's Maiden Name*	Margreta Silver
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Jacob Sanders.
9. *Father's Occupation*	Engineear.
10. *Father's Birthplace*	Bremmen Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs M. J. Burt
Address	No 185 E. cor Centre & Monument St.
Remarks	Well.

26927

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* September 19th 1878
4. *Place of Birth (Street and Number)* No 30 New Church St.
5. *Full Name of Mother* Dorotea Cresich
6. *Mother's Maiden Name* Dorotea Reid
7. *Mother's Birthplace* Prussia.
8. *Full Name of Father* Gregoris Cresich
9. *Father's Occupation* Waiter & Confectionary
10. *Father's Birthplace* Austria

Name of Medical Attendant, or other Person who makes this return Mrs Jane Winneberger

Address No 23 N. Liberty St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26928

RETURN OF A BIRTH.

SEP 24 1878

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 19
4. *Place of Birth (Street and Number)* Durham Mews No 325
5. *Full Name of Mother* Mary E. Ellis
6. *Mother's Maiden Name* [illegible]
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Alfred Saunders
9. *Father's Occupation* Driver
10. *Father's Birthplace* Roma Town Pencilvania

Name of Medical Attendant, or other Person who makes this return

Address Elizabeth Coats

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Duty of Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26929

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 19 1878
4. Place of Birth (Street and Number)	184 William Da
5. Full Name of Mother	Maggie Gadd
6. Mother's Maiden Name	Maggie Bell
7. Mother's Birthplace	Md
8. Full Name of Father	Samuel Gadd
9. Father's Occupation	Mariner
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	H B Stobb, Jr
Address	17 Marion av
Remarks	

The Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full names, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26930

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 14th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 14th 1878
4. *Place of Birth (Street and Number)* 38 California Road
5. *Full Name of Mother* Maggie Dauntner
6. *Mother's Maiden Name* Maggie Körler
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Dauntner
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Smead

Address 131 South Wolfe Street

Remarks ID

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26931

HEALTH DEPARTMENT SEP. 21. 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th September 1878
4. *Place of Birth (Street and Number)* 165 Pennsylvania Avenue
5. *Full Name of Mother* Emma Hempstone
6. *Mother's Maiden Name* Emma Eccles
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Charles Hempstone
9. *Father's Occupation* Laborer
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresa Engeldinger

Address 14 Union st

Remarks

That Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

21932

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 22 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19 September 1878
4. *Place of Birth (Street and Number)* No 42 Jakson St
5. *Full Name of Mother* Lara Rese
6. *Mother's Maiden Name* Kelson
7. *Mother's Birthplace* U S
8. *Full Name of Father* John W Rese
9. *Father's Occupation* Ston Mason
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Lara Cassen

Address No 52 E Lombard St

Remarks

Penalty.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26933

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Male Twins
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 19 September
4. *Place of Birth (Street and Number)* No 12 Register St.
5. *Full Name of Mother* Margareth Schleich
6. *Mother's Maiden Name* Freitag
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Johan Schleich
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address No 82 E Lombard St

Remarks

Penalty for neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26934

HEALTH DEPARTMENT
SEP 22 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19. September
4. *Place of Birth (Street and Number)* No 46 Lombard st
5. *Full Name of Mother* Lizzie Bowling
6. *Mother's Maiden Name* Lizzie Sullivan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Richard Bowling
9. *Father's Occupation* Labor
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this return Elijah Flemming

Address 95 Hillyard street

Remarks healthy

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Duty of Physician, Accoucheur, Midwife, or other Person in charge, to report Births to the Registrar of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26935

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 19 d 1878
4. Place of Birth (Street and Number) 109 n Eden str.
5. Full Name of Mother Friedrike Marden
6. Mother's Maiden Name Fr. Wessel
7. Mother's Birthplace Heimrich Marden
8. Full Name of Father
9. Father's Occupation Farmer
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Marie A. Lindig
Address 134 n Bond str.
Remarks
Mother Entitled Ward

Vital Records of Baltimore City.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26936

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Septr. 19 d. 1878
4. *Place of Birth (Street and Number)* 172 Karolinestr.
5. *Full Name of Mother* Friederike Adams
6. *Mother's Maiden Name* Fr. Ollenburg
7. *Mother's Birthplace* German
8. *Full Name of Father* Kristian Adams
9. *Father's Occupation* Miller
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. Marie R. Ridge
Address 134 Bond Str.
Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26937

HEALTH DEPT
OCT
2
1978
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	Color
3. *Date of Birth*	4th 19 Sept 1905
4. *Place of Birth (Street and Number)*	2 Arlington Ave
5. *Full Name of Mother*	Emma Bonds
6. *Mother's Maiden Name*	Emma Shad
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	George W. Bonds
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore Co. Md
Name of Medical Attendant, or other Person who makes this return	Annette Hill
Address	1110 Chestnut
Remarks	Ave

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Keeper of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Vital Records of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	colord
3. Date of Birth	sep 19
4. Place of Birth (Street and Number)	93 stirling st
5. Full Name of Mother	sarah janes
6. Mother's Maiden Name	sarah white
7. Mother's Birthplace	petersburg va
8. Full Name of Father	john janes
9. Father's Occupation	waiter
10. Father's Birthplace	petersburg va
Name of Medical Attendant, or other Person who makes this Return.	mrs lear johnson
Address	no 32 shortt st
Remarks	healthy child

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 September 1878
4. Place of Birth (Street and Number)	#419 Cross Street #419
5. Full Name of Mother	Maggy Slabacker
6. Mother's Maiden Name	Mucho
7. Mother's Birthplace	Babaria Germany
8. Full Name of Father	John Slabacker
9. Father's Occupation	Machinist
10. Father's Birthplace	Hessen Darmstadt Germany
Name of Medical Attendant, or other Person who makes this Return.	Wm Koch
Address	321 South Eutaw St.
Remarks	

Penalty.

Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP 25 1876 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	19 September
4. Place of Birth (Street and Number)	419 Cross st
5. Full Name of Mother	Johanna Brussell
6. Mother's Maiden Name	" Fimmell
7. Mother's Birthplace	Hanover Germany
8. Full Name of Father	Jacob Brussell
9. Father's Occupation	Box Maker
10. Father's Birthplace	Frankford Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mary Rich
Address	328 South Eutaw St
Remarks	

Penalty for Neglect.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 19. 78
4. Place of Birth (Street and Number) 317 Ridgely St
5. Full Name of Mother Adelheid Shaffert
6. Mother's Maiden Name Reis
7. Mother's Birthplace Kurhessen
8. Full Name of Father John Reis
9. Father's Occupation Baker
10. Father's Birthplace Hessendarmstadt

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St.

Remarks

Penalty for Neglect of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 19. 1878.
4. *Place of Birth (Street and Number)* 82. S. Washington St.
5. *Full Name of Mother* Emma E. Green.
6. *Mother's Maiden Name* Emma E. Wolford.
7. *Mother's Birthplace* Maryland. U. S. A.
8. *Full Name of Father* Edwin F. Green.
9. *Father's Occupation* Sea Captain.
10. *Father's Birthplace* New Orleans. U. S. A.

Name of Medical Attendant, or other Person who makes this Return. J. J. Sullivan. M. D.

Address 116 Thames St.,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 19th 1878
4. Place of Birth (Street and Number)	Baltimore Md. Kenny St. between Nos. 140
5. Full Name of Mother	Sarah Elliot
6. Mother's Maiden Name	" Addison
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Gideon Elliot
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 140 Ramsey St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	the second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September the 19 1878
4. Place of Birth (Street and Number)	Pleasant Alley no 19
5. Full Name of Mother	Elley Swift
6. Mother's Maiden Name	Ellen Curley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Swift
9 Father's Occupation	Shoemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Anne E. Ball
Address	No 171 South Exeter st
Remarks	

RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 Sep
4. Place of Birth (Street and Number)	200 Front St
5. Full Name of Mother	Catherine Clancy
6. Mother's Maiden Name	Malley
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Clancy
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chaisson
Address	No 7 Forrest Place
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Sept 19
4. *Place of Birth (Street and Number)*	60 Roberg St
5. *Full Name of Mother*	Martha Ann Clark
6. *Mother's Maiden Name*	Martha Ann O'Neale
7. *Mother's Birthplace*	Essex Co Va
8. *Full Name of Father*	Wilton Thomas Clark
9. *Father's Occupation*	Porter in Oil Store
10. *Father's Birthplace*	Essex Co Va
Name of Medical Attendant, or other Person who makes this Return.	Elisebeth Bias
Address	
Remarks	

Duty of Physicians, Midwives, &c., in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th 2
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colord
3. *Date of Birth*	Sept ember 20 1878
4. *Place of Birth (Street and Number)*	218 Chapel St
5. *Full Name of Mother*	Mary Jonson
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Queen Anna Co Md
8. *Full Name of Father*	Samuel Small
9. *Father's Occupation*	Coal man
10. *Father's Birthplace*	Easton Shore Md
Name of Medical Attendant, or other Person who makes this return	
Address	City Relief Post
Remarks	

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 Sept
4. Place of Birth (Street and Number)	73 Madison St
5. Full Name of Mother	Mary Campbell
6. Mother's Maiden Name	Same
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Campbell
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula A Chrismer
Address	No 7 Forrest Place
Remarks	

Rule adopted by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Dote of Birth	September 20th 1878
4. Place of Birth (Street and Number)	#122 N. Pine St.
5. Full Name of Mother	Ophelia Snyder
6. Mother's Maiden Name	Egger
7. Mother's Birthplace	Balto. City
8. Full Nome of Father	John Godefrey Snyder
9. Fother's Occupation	Tinner
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

HEALTH DEPARTMENT SEP 22 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Rule Issued by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	20 September 1878
4. Place of Birth (Street and Number)	243 Lombard St
5. Full Name of Mother	Cecilie Park
6. Mother's Maiden Name	Schmith
7. Mother's Birthplace	U S
8. Full Nome of Father	William R H Park
9. Father's Occupation	Police Officier
10. Father's Birthplace	U S
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Lara Casper
Address	No 52 E. Lombard St
Remarks	

RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

1/1/1

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 20 d 18
4. *Place of Birth (Street and Number)* 79 Conrad av
5. *Full Name of Mother* Julia Hall
6. *Mother's Maiden Name* J. Whitlock
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan Hall
9. *Father's Occupation* Miller
10. *Father's Birthplace* Baltimore Co.

Name of Medical Attendant, or other Person who makes this Return. Marie Rudyer

Address 134 N. Bond St.

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP. 22. 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Female
1. Sex (state whether Male or Female)	1 Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 20 1878
4. Place of Birth (Street and Number)	No 140 W. Lombard St
5. Full Name of Mother	Mary ~~Ruppe~~ Welte
6. Mother's Maiden Name	Mary Ruppe
7. Mother's Birthplace	Hanover Yamed
8. Full Name of Father	William Welte
9. Father's Occupation	Tailor
10. Father's Birthplace	Hanover Yamed
Name of Medical Attendant, or other Person who makes this Return	Mrs Kate Mundo
Address	95 Lombard St
Remarks	

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26953

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 22 1873 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	No 11 Gates St. the 20 Sep
4. Place of Birth (Street and Number)	Hallana Habbach No 11 Gates St
5. Full Name of Mother	Hallana Langhat Hallana Habbach
6. Mother's Maiden Name	Hallana Langhat
7. Mother's Birthplace	Germany
8. Full Name of Father	Johyo Stean Langhat
9. Father's Occupation	Dabbl D Tazler
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mer Lauer
Remarks	173 Hanover

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Sept 20th 1878
4. *Place of Birth (Street and Number)*	East st rear of 81
5. *Full Name of Mother*	Mary Ann Freeman
6. *Mother's Maiden Name*	Mary Ann Cadan
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James H Freeman
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Chas Dalton
Address	38 Harrison st
Remarks	

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26955

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. SEP 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 20th 1878
4. *Place of Birth (Street and Number)* No 365 North Durham Street
5. *Full Name of Mother* Margaret Jones
6. *Mother's Maiden Name* Margaret Mc. Phyllicon
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Jones
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* ~~Talbot~~ Talbot County Md

Name of Medical Attendant, or other Person who makes this Return. J. D. Whiteford M. D.

Address No 195 Aliquippa Street

Remarks Condition of Child Good

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth one, Eighth child

1. *Sex (state whether Male or Female)* of the colored sex Female
2. *Race or Color (if not of the white race)* of the colored Race
3. *Date of Birth* 20 of September
4. *Place of Birth (Street and Number)* 25 Fenton alley
5. *Full Name of Mother* Mary Patin
6. *Mother's Maiden Name* Mary Brown
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Patin
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Eastern Shore

Name of Medical Attendant, or other Person who makes this Return. Mary Jane Richardson

Address Dover Street 252

Remarks

Vital Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

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HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Neglect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	Sep 20
4. Place of Birth (Street and Number)	33 me Elderp cart
5. Full Name of Mother	Sarah Bantam
6. Mother's Maiden Name	Sarah yillems
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wac Bantas
9. Father's Occupation	labour
10. Father's Birthplace	Cambridge Md
Name of Medical Attendant, or other Person who makes this Return.	mrs Clear Patterson
Address	no 32 short st
Remarks	healthy child

RETURN OF A BIRTH.

26958

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* ~~Col~~ "

3. *Date of Birth* Sept 20th 1878

4. *Place of Birth (Street and Number)* 1 Orleans Alley

5. *Full Name of Mother* Barbara Ludwig

6. *Mother's Maiden Name* " Reinhart

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Paul Ludwig

9. *Father's Occupation* Butcher

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Annie Messerschmidt (Mrs)

Address 220 Aisquith

Remarks —

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26959

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 20th 1878
4. Place of Birth (Street and Number)	No. 130 West St
5. Full Name of Mother	Maggie Geisler
6. Mother's Maiden Name	Maggie Gruenwald
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michel Geisler
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Heimer
Address	No 106 West St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26960

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE SEP 26 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4 th.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White.
3. Date of Birth	September 20. 1878.
4. Place of Birth (Street and Number)	175 S. Chester St.
5. Full Name of Mother	Mary L. Butterfield
6. Mother's Maiden Name	Mary L. McDonnell.
7. Mother's Birthplace	Maryland. No. S. A.
8. Full Name of Father	Rudolph Butterfield.
9. Father's Occupation	Seaman
10. Father's Birthplace	Turks Island. W. I.
Name of Medical Attendant, or other Person who makes this Return.	L. L. Sullivan, M. D.
Address	116 Thames St,
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26961

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* [redacted] Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20 Sept.
4. *Place of Birth (Street and Number)* 5 Seminary Lane
5. *Full Name of Mother* D. Harris
6. *Mother's Maiden Name* Scherf
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Filip Harris
9. *Father's Occupation* Segar Maker
10. *Father's Birthplace* Balto.

Name of Medical Attendant, or other Person who makes this Return. J. Conrad

Address 20 Adams St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

Tint any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color, of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26962

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 20, 1878
4. *Place of Birth (Street and Number)* S. Durham St. Nº 189.
5. *Full Name of Mother* Caroline Thone
6. *Mother's Maiden Name* Caroline Siegmund
7. *Mother's Birthplace* Lohrbach. Gr. Baden. Germany
8. *Full Name of Father* Kreutz Thone
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Warburg. Pr. Reussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Bellas St. Nº 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26963

HEALTH DEPARTMENT SEP 26 1870 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sept. 26th 1870
4. *Place of Birth (Street and Number)*	Baltimore Columbia Ave No 136
5. *Full Name of Mother*	Elizabeth Myer
6. *Mother's Maiden Name*	Hudson
7. *Mother's Birthplace*	West Virginia
8. *Full Name of Father*	William Myer
9. *Father's Occupation*	Farmer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 140 Ramsey st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26964

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 th Children
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	20 of September 1878
4. *Place of Birth (Street and Number)*	No. 383 Light St.
5. *Full Name of Mother*	Mary Moehring
6. *Mother's Maiden Name*	Mary Widmann
7. *Mother's Birthplace*	Baltimor
8. *Full Name of Father*	Phillipp Moehring
9. *Father's Occupation*	shoemaker
10. *Father's Birthplace*	Germania Gerdern in Kurhassen
Name of Medical Attendant, or other Person who makes this return	Sabena Geisbaker
Address	No 128 West St Baltimor Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

...ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26965

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	September 20th 1878
4. Place of Birth (Street and Number)	No 3 Smith's Court
5. Full Name of Mother	Georgie Holt
6. Mother's Maiden Name	Georgie Hall
7. Mother's Birthplace	Charles Co Md
8. Full Name of Father	Wm Holt
9. Father's Occupation	Sailor
10. Father's Birthplace	Charles County
Name of Medical Attendant, or other Person who makes this Return.	John H. Conner
Address	286 E. Baltimore St.
Remarks	none

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26966

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Requirements of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 Sept
4. Place of Birth (Street and Number)	514 Front St
5. Full Name of Mother	Catharine Collins
6. Mother's Maiden Name	Drew
7. Mother's Birthplace	Ireland
8. Full Name of Father	Bartlow Collins
9. Father's Occupation	Paster
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Thompson
Address	No 7 Forrest Place
Remarks	

RETURN OF A BIRTH.

26967

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* color
3. *Date of Birth* 21. september 1878
4. *Place of Birth (Street and Number)* 187 easternavenue
5. *Full Name of Mother* lizabeth m [redacted] raft
6. *Mother's Maiden Name* lizabeth m abbot
7. *Mother's Birthplace* virginia
8. *Full Name of Father* james w [redacted] raft
9. *Father's Occupation* mariner
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26968

HEALTH DEPARTMENT SEP. 22. 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	M
2. Race or Color (if not of the white race)	W
3. Date of Birth	Sept 21 1878
4. Place of Birth (Street and Number)	Charles & Biddle Sts
5. Full Name of Mother	Mrs Smith
6. Mother's Maiden Name	Reiss
7. Mother's Birthplace	Balto
8. Full Name of Father	Jas S Smith
9 Father's Occupation	Merchant
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Richard McSherry
Address	89 N Howard Street,
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

26969

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September. 21. 1878
4. *Place of Birth (Street and Number)* 25 Rose Street
5. *Full Name of Mother* Ada Roberts
6. *Mother's Maiden Name*
7. *Mother's Birthplace* East Talbott County M. D.
8. *Full Name of Father* Agustus Roberts
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Frederick County M. D.

Name of Medical Attendant, or other Person who makes this return Hyatt Bozley M. D.

Address 85 Orchard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form of Return to be filled up by Parents to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26970

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6 Child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Sept. 21 1875
4. Place of Birth (Street and Number) 632 Pratt Street Baltimore Md.
5. Full Name of Mother Ellen Quinn
6. Mother's Maiden Name Ellen Murphy
7. Mother's Birthplace Baltimore Maryland
8. Full Name of Father William Quinn
9. Father's Occupation Laborer
10. Father's Birthplace Irland

Name of Medical Attendant, or other Person who makes this Return. Catharine Seabach
Address 439 West Pratt st Baltimore Md
Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26971

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third (3rd)
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 21st 1878
4. Place of Birth (Street and Number)	277 E. Pratt St.
5. Full Name of Mother	Annie Thompson
6. Mother's Maiden Name	Annie Baker
7. Mother's Birthplace	Md.
8. Full Name of Father	John R. Thompson
9. Father's Occupation	Pilot
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	John S. Lynch M.D.
Address	No 1 S. Broadway
Remarks	

RETURN OF A BIRTH.

26972

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Two 7 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 21. 1878
4. Place of Birth (Street and Number)	126 Ridgely st Baltimore Md
5. Full Name of Mother	Barbara Shore
6. Mother's Maiden Name	= Kang
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Shore
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Seibach
Address	439 West Pratt st
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26973

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 7

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sep 21
4. *Place of Birth (Street and Number)* 1 short alley
5. *Full Name of Mother* mary Lankford
6. *Mother's Maiden Name* mary Brogan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* preebans Lankford
9. *Father's Occupation* white washer
10. *Father's Birthplace* somerset co Md

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 22 short st

Remarks healthy but badly deformed Child

RETURN OF A BIRTH. 269711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	21 of September 1878
4. Place of Birth (Street and Number)	88 Chester above Baltimore
5. Full Name of Mother	Mrs Brown
6. Mother's Maiden Name	Jane Matthews
7. Mother's Birthplace	Ellicott City
8. Full Name of Father	Charles A Brown
9. Father's Occupation	Brick Layer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 13 Patterson Park Ave
Remarks	Dr mcshane

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26975

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	21/9/78
4. *Place of Birth (Street and Number)*	60 Portland St
5. *Full Name of Mother*	Rebecca Loeble
6. *Mother's Maiden Name*	Nee
7. *Mother's Birthplace*	Bremen
8. *Full Name of Father*	Max Loeble
9. *Father's Occupation*	Polsterer
10. *Father's Birthplace*	Saxony
Name of Medical Attendant, or other Person who makes this Return	Mary Kool
Address	328 South Eutaw St
Remarks	

correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26976

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 September
4. *Place of Birth (Street and Number)* 45 Ladam Street
5. *Full Name of Mother* Mary Hiebelmann
6. *Mother's Maiden Name* Bachmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Hiebelmann
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Sophia Diemer

Address 1870 Granby Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26977

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Septr. 21 d. 1878
4. *Place of Birth (Street and Number)* 119 E Lee str.
5. *Full Name of Mother* Wilhelmine Cossen
6. *Mother's Maiden Name* Wilhm. Reinhard
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ehrig Cossen
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Maria K. Rudiger

Address 134 n. Bond str

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26978

HEALTH DEPART... SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if ~~not~~ of the white race) White
3. Date of Birth September 21st " 1878
4. Place of Birth (Street and Number) 642 Light St.
5. Full Name of Mother Elizabeth Kline
6. Mother's Maiden Name " Geis
7. Mother's Birthplace Germany.
8. Full Name of Father Henry Kline
9. Father's Occupation Laborer.
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return Mrs. Hinton

Address 119 Bort. Avenue

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26979

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 21 1878
4. Place of Birth (Street and Number)	607 N Fayette St
5. Full Name of Mother	Hannah Hester Williams
6. Mother's Maiden Name	"
7. Mother's Birthplace	New Jersey
8. Full Name of Father	William Hester
9. Father's Occupation	Cook
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mc Kenney MD
Address	69 Mulberry St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

26980

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Boy
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	21st September 1878
4. *Place of Birth (Street and Number)*	91 Peirce st
5. *Full Name of Mother*	Anna Margaretta Kreeler
6. *Mother's Maiden Name*	Anna Margaretta Schomaker
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Carl Kreeler
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this Return.	Midwife Theresia Engeldinger
Address	14 Union st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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26981

RETURN OF A BIRTH.

SEP 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* september 22 1878
4. *Place of Birth (Street and Number)* 52 South Washington st
5. *Full Name of Mother* Johanna fowler
6. *Mother's Maiden Name* Johanna Schad
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Samuel M fowler
9. *Father's Occupation* can maker
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address collington av

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That it is the duty of Parents to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26982

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 23 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22nd
4. Place of Birth (Street and Number)	Bulkley St. No 21.
5. Full Name of Mother	Mrs. McPherson
6. Mother's Maiden Name	M. Murphy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Robert McPherson
9. Father's Occupation	Painter
10. Father's Birthplace	Georgetown D.C.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Kate Münch
Address	98 Leaden hall St.
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 26983

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5th

1. *Sex (state ~~whether Male or~~ Female)*
2. *Race or Color (~~if not of the white race~~)*
3. *Date of Birth* Sept 22. 78.
4. *Place of Birth (Street and Number)* 144 Germain
5. *Full Name of Mother* Mary L. Bryan
6. *Mother's Maiden Name* Richardson
7. *Mother's Birthplace* Dorchester Co Md
8. *Full Name of Father* Isaac R Bryan
9. *Father's Occupation* Shoe Cutter
10. *Father's Birthplace* N. Carolina

Name of Medical Attendant, or other Person who makes this return Lewis McVaughan

Address 814 Light

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assi
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within six days thereafter, stating distinctly the date of birth, sex, and color of the child or chil
born, its or their physical condition, whether still born or not, the full name, nativity, and residen
the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26984

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 22nd 1878
4. Place of Birth (Street and Number)	106 Fort Av
5. Full Name of Mother	Anna Shannon
6. Mother's Maiden Name	Anna Buckey
7. Mother's Birthplace	Md
8. Full Name of Father	Edw. P. Shannon
9. Father's Occupation	Mechanic
10. Father's Birthplace	Norfolk Va
Name of Medical Attendant, or other Person who makes this Return.	E. B. Noble M.D.
Address	17 Hanover
Remarks	

...correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26985

HEALTH DEPARTMENT SEP 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22 September 1878
4. *Place of Birth (Street and Number)* N. 20 Eastern Ave
5. *Full Name of Mother* Andy Boyer
6. *Mother's Maiden Name* Dorf
7. *Mother's Birthplace* U. S.
8. *Full Name of Father* Wenfeld Boyer
9. *Father's Occupation* Bookmakn
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Lara Cayser

Address N° 52 E. Lombard St

Remarks

26986

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

OCT 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore 3d Child
1. Sex (state whether Male or Female) Boy
2. Race or Color (if not of the white race) White race
3. Date of Birth 22 " Sept 1878
4. Place of Birth (Street and Number) Baltimore Washington St No 133
5. Full Name of Mother Mary Moses
6. Mother's Maiden Name " Resch
7. Mother's Birthplace Bohemia
8. Full Name of Father Wenzel Resch
9. Father's Occupation Cigar Maker
10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. Mary Koptish
Address No 68 Washington St.
Remarks Baltimore Md
Joseph Koptish

Return Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26987

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. OCT 3 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5t.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 22t 1878
4. Place of Birth (Street and Number)	45. S. Caroline St.
5. Full Name of Mother	Johanne Blum
6. Mother's Maiden Name	Johanne Boldmann
7. Mother's Birthplace	Germany
8. Full Name of Father	Philip Blum
9. Father's Occupation	Jewelry Cases Manufacturer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dr. Kilquist
Address	182 E. Monument St
Remarks	

26988

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7tes Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* im Jahre Den 22ten September
4. *Place of Birth (Street and Number)* No 238 Double St.
5. *Full Name of Mother* Katharine Lindemann
6. *Mother's Maiden Name* Katharine Bunzel
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Peter Lindemann
9. *Father's Occupation* Schneider
10. *Father's Birthplace* Deutschland

Name of Medical Attendant, or other Person who makes this return Friederike Kaufmann

Address No 204 S. Bolton St.

Remarks Hebamme

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Blanks to be furnished by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

26989

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. SEP 28 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 22 1878
4. *Place of Birth (Street and Number)* 211 St Chester st
5. *Full Name of Mother* Gurty Shofl
6. *Mother's Maiden Name* Gurty Monarx
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Gotho Shofl
9. *Father's Occupation* Broom Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs E Fray

Address 193 N Chester st

Remarks Hel City

Penalty for neglect by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26990

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) Sept 22nd 1878

1. Sex (~~state whether~~ Male ~~or Female~~) 356 E Baltimore St

2. Race or Color (~~if not of the~~ white race) Arnold Chapman

3. Date of Birth Amelia Fleischhauer

4. Place of Birth (Street and Number) Richmond Va

5. Full Name of Mother William Eichmann

6. Mother's Maiden Name Marshall

7. Mother's Birthplace Europe

8. Full Name of Father John J. L. Mozer M.D.

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Physicians are requested to report to the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26991

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Septbr 22 d. 1878
4. *Place of Birth (Street and Number)* Corner Orlin and Bond
5. *Full Name of Mother* Katherine Fuchner
6. *Mother's Maiden Name* Katie Pickel
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Elias Fuchner
9. *Father's Occupation* Shumaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie R. Ridge

Address 134 S. Bond St.

Remarks

Physicians of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26992

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether ~~Male or~~ Female)
2. Race or Color (if not of the white race) White
3. Date of Birth September 22. 1878
4. Place of Birth (Street and Number) S. Eden St. No 7
5. Full Name of Mother Louise ~~Spangleberg~~ Herringer
6. Mother's Maiden Name Louise Spangleberg
7. Mother's Birthplace Baltimore City
8. Full Name of Father John Herringer
9. Father's Occupation Tavern Keeper
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. No 26,

Remarks

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26993

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Children
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	22 of September 1878
4. *Place of Birth (Street and Number)*	No 91 Hana Lane
5. *Full Name of Mother*	Kellene Leonard
6. *Mother's Maiden Name*	Kellene Sharidan
7. *Mother's Birthplace*	New York
8. *Full Name of Father*	William Leonard
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Irland
Name of Medical Attendant, or other Person who makes this return	Sabena Grisbaker
Address	No 128 West St Baltimore Md.
Remarks	

That the Return required by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

269914

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6 th Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Color d
3. Date of Birth	22nd Sept
4. Place of Birth (Street and Number)	No 2200 N Durham st
5. Full Name of Mother	Susan Hacket
6. Mother's Maiden Name	Susan Williams
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Andrew Hacket
9. Father's Occupation	Sailor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Midwife Harriet Britton
Address	145 North Eden st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

26995

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~)	5te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	September 22 1878
4. Place of Birth (Street and Number)	9 Raestelstr H 58
5. Full Name of Mother	Barbara Herrenstein
6. Mother's Maiden Name	Welsch
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Johan Herrenstein
9. Father's Occupation	Tailor
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Ms Johanna Baumgarth
Address	9 Wolfstr H 28
Remarks	Midwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

correct Record of Vital Statistics in the City of Baltimore.

Board of Health to secure a full and

RETURN OF A BIRTH.

26996

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 23 1878
4. Place of Birth (Street and Number)	378 East Monument st
5. Full Name of Mother	Annie L Wallace
6. Mother's Maiden Name	Annie L Gilmarine
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George W Wallace
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Gilmarine
Address	378 East Monument st
Remarks	

That the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26997

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 23rd 1878
4. Place of Birth (Street and Number)	231 Hanover St
5. Full Name of Mother	Ella Phillips
6. Mother's Maiden Name	Ella George
7. Mother's Birthplace	Va
8. Full Name of Father	Chas Phillips
9. Father's Occupation	Marinder
10. Father's Birthplace	Mass
Name of Medical Attendant, or other Person who makes this Return.	R. B. Noble M.D.
Address	17 Bowman av
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

26998

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 23rd
4. Place of Birth (Street and Number)	15 St Mary St
5. Full Name of Mother	Henrietta Myers
6. Mother's Maiden Name	Henrietta Brown
7. Mother's Birthplace	Annapolis
8. Full Name of Father	Stephen Myers
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Lucinda Connist
Address	44 Biddle alley
Remarks	

...by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

26999

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Sept 23 1878

4. Place of Birth (Street and Number) No 30 Register St

5. Full Name of Mother Mary Bachmann

6. Mother's Maiden Name Winkler

7. Mother's Birthplace City

8. Full Name of Father Phil. J. Bachmann

9. Father's Occupation Tailor

10. Father's Birthplace City

Name of Medical Attendant, or other Person who makes this Return. Mr Elizabeth Bachmann

Address 30 Register St

Remarks

Instructions to the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27000

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23 September
4. *Place of Birth (Street and Number)* 515 Hartford Road
5. *Full Name of Mother* Marie Schneider
6. *Mother's Maiden Name* Rödinger
7. *Mother's Birthplace* U S
8. *Full Name of Father* Conrad Schneider
9. *Father's Occupation* Pier Dreiwer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Lusser

Address No 52 E. Lombard St

Remarks

...vet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27041

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 23rd 1878
4. Place of Birth (Street and Number)	Baltimore Eastern Ave. 120
5. Full Name of Mother	Mary Selby
6. Mother's Maiden Name	" Hildiditch
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frederick Selby
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Ann Mitchell
Address	No 140 Ramsey st.
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

270021

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 23rd 78
4. Place of Birth (Street and Number)	233 E. Balto St.
5. Full Name of Mother	Mariam Chandler
6. Mother's Maiden Name	Mariam Hall
7. Mother's Birthplace	Balto City
8. Full Name of Father	John Chandler
9. Father's Occupation	Provision Dealer
10. Father's Birthplace	Wilmington Delaware
Name of Medical Attendant, or other Person who makes this Return.	John F. Monmonier M.D.
Address	S. W. Calvert & Read Sts
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27003

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 23rd 1878
4. *Place of Birth (Street and Number)* No 74 N. Exeter St.
5. *Full Name of Mother* Matilda Hohman.
6. *Mother's Maiden Name* Matilda Farley
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Anton Hohmann
9. *Father's Occupation* Boot Ficher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. M. A. Butt

Address No 185 E. or Centrel av. Monument St.

Remarks Well.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27004

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 23rd 1878
4. Place of Birth (Street and Number)	415 N. Carey St
5. Full Name of Mother	Mrs. Annie Rebecca Purcell
6. Mother's Maiden Name	Snyder
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Robert Easter Purcell
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Wm. H. Murray
Address	10 N. Carey St
Remarks	

Extract Regulations of the Board of Health of the City of Baltimore.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

97005

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23 September 1878
4. Place of Birth (Street and Number)	272 S Eutaw St
5. Full Name of Mother	Katharine Lerch
6. Mother's Maiden Name	" Seitz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	August Lerch
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 South Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a perfect and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27006

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 23d 1878
4. *Place of Birth (Street and Number)* 93 W. Lexington St.
5. *Full Name of Mother* Sophia Peters,
6. *Mother's Maiden Name* " Albert,
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* George Louis Peters,
9. *Father's Occupation* Stone,
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address No. 5 Franklin St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27007

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 23rd 78
4. Place of Birth (Street and Number)	Cor. Bkb-Air ave & Oliver sts.
5. Full Name of Mother	Elizabeth Wharton
6. Mother's Maiden Name	" Banks
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	James Wharton
9. Father's Occupation	Shoe Manufacturer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	W. B. O'Reilly, M.D.
Address	236 N. [illegible] ways
Remarks	

RETURN OF A BIRTH.

27008

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth September 23 1878
4. Place of Birth (Street and Number) 2 Hunter street
5. Full Name of Mother Loretta Hollin
6. Mother's Maiden Name Loretta Carakalby
7. Mother's Birthplace accomac Virginia
8. Full Name of Father Moses Hollin
9. Father's Occupation oyster shucker
10. Father's Birthplace Baltimore city

Name of Medical Attendant, or other Person who makes this Return. Mary E Howe

Address 16 Wilkins

Remarks residence 10 peach alley

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2709

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 25th

HEALTH DEPARTMENT SEP. 29 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 23rd 1878
4. *Place of Birth (Street and Number)* 324 South Bond St.
5. *Full Name of Mother* Josepha Burke
6. *Mother's Maiden Name* Josepha Grimm
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Burke
9. *Father's Occupation* Molder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dr. Mary Amend

Address 137 South Wolfe Strat.

Remarks #

27010

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sep - 23. 1878
4. *Place of Birth (Street and Number)* 37 North Wolfe St.
5. *Full Name of Mother* Annie Hill
6. *Mother's Maiden Name* Mc Dermott.
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* William Thomas Hill
9. *Father's Occupation* Potter
10. *Father's Birthplace* Maryland - Worcester County.

Name of Medical Attendant, or other Person who makes this Return. Albert B. Lyman M.D. & L.L.

Address 375 E. Baltimore St. Baltimore.

Remarks

Extract from Regulations of the Board of Health of the City of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27011

To the Office of Registrar of Vital Statistics, Board of Health, SEP 27 1878 BALTIMORE

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth 23 Sept
4. Place of Birth (Street and Number) 73 Lidenhal St
5. Full Name of Mother Martha ~~Thomas~~ Thomas
6. Mother's Maiden Name Martha Johns
7. Mother's Birthplace Dorchester Co. Md
8. Full Name of Father Jno L. Thomas
9. Father's Occupation Laborer
10. Father's Birthplace Caroline Co Md

Name of Medical Attendant, or other Person who makes this return S. J. Wilson

Address 159 Hughes St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27012

HEALTH DEPARTMENT SEP 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 t
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	September 23 1878
4. Place of Birth (Street and Number)	0 Lombard
5. Full Name of Mother	Margarethe Margareth.
6. Mother's Maiden Name	Flatemesch
7. Mother's Birthplace	Oldenburg
8. Full Name of Father	Heinrich Margareth
9. Father's Occupation	Schuhmaker
10. Father's Birthplace	Oldenburg
Name of Medical Attendant, or other Person who makes this Return.	Wm Joh. Baumbach
Address	W Wolfstr No 28
Remarks	Um Tinge

Correct Registration of the Births of Children is of the highest importance to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27013

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 18 78

SEP 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth 22 of September
4. Place of Birth (Street and Number) Baltimore South Paca Street No 422
5. Full Name of Mother Eliza Squires
6. Mother's Maiden Name Eliza Meikles
7. Mother's Birthplace Baltimore
8. Full Name of Father Albert Squires
9. Father's Occupation Carpenter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs Mary Shaffer

Address No 418 south Paca Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Return of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27014

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First 1
1. Sex (state whether Male or Female)	Mail
2. Race or Color (if not of the white race)	Color
3. Date of Birth	Sept the 23
4. Place of Birth (Street and Number)	Hill St 121
5. Full Name of Mother	Mary an George
6. Mother's Maiden Name	Mary an Scott
7. Mother's Birthplace	Boarn apamac
8. Full Nome of Father	Edward george
9. Father's Occupation	Laboarn man
10. Father's Birthplace	Boarn apamac
Name of Medical Attendant, or other Person who makes this Return.	
Address	Tapco Avenue No 1
Remarks	of Lupey Disney

RETURN OF A BIRTH.

27015

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 ed Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 23 ad 1878
4. Place of Birth (Street and Number)	No 19 Leslop st
5. Full Name of Mother	Adelhaide Ezer
6. Mother's Maiden Name	Sanse
7. Mother's Birthplace	Germaney
8. Full Name of Father	John Ezer
9. Father's Occupation	Tailor
10. Father's Birthplace	Germaney.
Name of Medical Attendant, or other Person who makes this Return.	J. Longcastle midwife
Address	213 Cross st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence

RETURN OF A BIRTH.

27016

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	5th "
1. Sex (~~state whether~~ Male ~~or Female~~)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	September 23 1878.
4. Place of Birth (Street and Number)	195 N Broad St.
5. Full Name of Mother	Margaret Byrne "
6. Mother's Maiden Name	Margaret Boyle
7. Mother's Birthplace	Ireland.
8. Full Name of Father	Michael Byrne
9. Father's Occupation	Policeman.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	John F. R. Boyd M.D. "
Address	
Remarks	

Extract Regulations of the Board of Health relative to the Registration of Births and Deaths.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27017

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 24 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 24th 1878
4. Place of Birth (Street and Number)	6 Little Broadway
5. Full Name of Mother	Emilie Blotkamp
6. Mother's Maiden Name	" Berger
7. Mother's Birthplace	Germany
8. Full Name of Father	William Blotkamp
9. Father's Occupation	Harnessmaker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	P. G. Dausch Dr.
Address	27. N. Broadway
Remarks	

Extract from Regulations of the Board of Health in relation to Returns of Births and Deaths.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27018

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP. 24. 1876 BALTIMORE

No. of Child of Mother, (state ~~whether 1st, 2d, 3d, &c.~~) 9th

1. *Sex* (~~state whether~~ Male ~~or Female~~)
2. *Race or Color* ~~(if not of the white race)~~
3. *Date of Birth* Sept 24. 76.
4. *Place of Birth* (Street and Number) 5 Rock
5. *Full Name of Mother* Sarah Jane Franks
6. *Mother's Maiden Name* Sine
7. *Mother's Birthplace* Hagerstown
8. *Full Name of Father* Thomas A Franks
9. *Father's Occupation* Carriages
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this return — Dr. W. Thomas

Address

Remarks Still born

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesa within six days thereafter, stating distinctly the date of birth, sex, and color of the child or child born, its or their physical condition, whether still born or not, the full name, nativity, and residence the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27019

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 24th
4. Place of Birth (Street and Number)	No 36 S. Collington Ave.
5. Full Name of Mother	Mrs Emma V. Nelson
6. Mother's Maiden Name	Emma V. Gerbeck
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles P. Nelson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lorenzo Wiley
Address	No 12 Patterson Park Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27020

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Ch.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 24. 1878
4. Place of Birth (Street and Number)	No 61. Sterling St.
5. Full Name of Mother	Katie Bond
6. Mother's Maiden Name	Katie Owens
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Lewis Bond
9. Father's Occupation	Cann Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mc. A Butt.
Address	No 185 S. E. cor. Central av. & Monument St.
Remarks	Well

27021

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 1978
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	24 September
4. Place of Birth (Street and Number)	49 Front St.
5. Full Name of Mother	Anie Lyons
6. Mother's Maiden Name	Bein
7. Mother's Birthplace	Ireland
8. Full Name of Father	August Lyons
9. Father's Occupation	Carictsh Weaver
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Cosper
Address	52 E. Lombard St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27022

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 Sept
4. *Place of Birth (Street and Number)* 20 Forest Place
5. *Full Name of Mother* Bridget Danahue
6. *Mother's Maiden Name* Ratgen
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Thomas Danahue
9. *Father's Occupation* Beer Wagon
10. *Father's Birthplace* Galloway Ireland

Name of Medical Attendant, or other Person who makes this Return. Ursula J Chrisanes

Address No 7 Forest Place Baltimore Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27023

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 24th
4. *Place of Birth (Street and Number)* 243 N Gay St
5. *Full Name of Mother* M. E. Cardwell
6. *Mother's Maiden Name* M E Mussell
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* Jackson Cardwell
9. *Father's Occupation* Boxmt Frame Manufacturer
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Saml J Belt M.D.

Address 134 N Exeter St Balto. Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27024

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White "
3. Date of Birth	Sept. 24th 1878
4. Place of Birth (Street and Number)	Baltimore Diamond St No 32
5. Full Name of Mother	Mary Baker
6. Mother's Maiden Name	" Carey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Baker
9. Father's Occupation	Sealemaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. E. Mitchell
Address	No 140 Ramsey
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27025

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 24
4. *Place of Birth (Street and Number)* Baltimore 19 Stockholm
5. *Full Name of Mother* Frances Howlett
6. *Mother's Maiden Name* " White "
7. *Mother's Birthplace* Accomac County
8. *Full Name of Father* Jacob Howlett
9. *Father's Occupation* Brickmaker and Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amaline Mercer

Address No 393 Cross Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating discinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9170216

HEALTH DEPARTMENT OCT 2 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept. 24th 1879
4. Place of Birth (Street and Number)	48 N. Eden
5. Full Name of Mother	Fanny Hirschman
6. Mother's Maiden Name	Thalheimer
7. Mother's Birthplace	New York
8. Full Name of Father	Isidor Nathan Hirschman
9. Father's Occupation	Merchant
10. Father's Birthplace	North Carolina
Name of Medical Attendant, or other Person who makes this Return.	A. E. Stein M.D.
Address	195 N. Eden St.
Remarks	

RETURN OF A BIRTH.

27027

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
SEP 18 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* April 24th
4. *Place of Birth (Street and Number)* 301 Hamburg street
5. *Full Name of Mother* Sarah Parker
6. *Mother's Maiden Name* Sarah Chew
7. *Mother's Birthplace* Calvert County
8. *Full Name of Father* John Parker
9. *Father's Occupation* Dish Washer
10. *Father's Birthplace* Calvert County

Name of Medical Attendant, or other Person who makes this Return. Amelia Wilkins

Address 371 Cross St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27028

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. SEP 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 24 of september
4. *Place of Birth (Street and Number)* 15 Burke st
5. *Full Name of Mother* Syrah Burgan
6. *Mother's Maiden Name* Syrah fortner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Burgan
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley
Address No 12 Patterson Park Avenue
Remarks

27029

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
SEP
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 2

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* september 24. 1878
4. *Place of Birth (Street and Number)* 51 fawn st
5. *Full Name of Mother* hattie e bond
6. *Mother's Maiden Name* hattie e roberts
7. *Mother's Birthplace* [redacted] Baltimore city
8. *Full Name of Father* harry d bond
9. *Father's Occupation* commission merchant
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return mary conner 153

Address collington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Ordinance of the Mayor and City Council of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27030

HEALTH DEPT. SEP 30 1878 BALTIMORE, MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep 24
4. Place of Birth (Street and Number)	452 Mulberry
5. Full Name of Mother	Jennie Frey
6. Mother's Maiden Name	Frey
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Walter H Frey
9. Father's Occupation	Bookkeeper
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

...rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27031

SEP 28 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	September 28th 1878
4. *Place of Birth (Street and Number)*	No. 185 Eastern ave
5. *Full Name of Mother*	Mamie Lucas
6. *Mother's Maiden Name*	Mamie Ramsey
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Geo. C. Baker
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Dr. John W. Wilson M. D.
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27032

HEALTH DEPARTMENT SEP 25 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 22d 1878
4. Place of Birth (Street and Number)	206 Preston St
5. Full Name of Mother	Elizabeth Schneider
6. Mother's Maiden Name	" Bachling
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Schneider
9. Father's Occupation	Tanner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Annie Wiesenthal (mid)
Address	220 Preston St

Remarks Premature Birth, died in half hour after Delivery. Six months Child

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the day of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

27033

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 25. 1878
4. *Place of Birth (Street and Number)* 19 Tyson Street
5. *Full Name of Mother* Harriette Ann ~~Taylor~~ Brown
6. *Mother's Maiden Name* Harriette Ann Taylor
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* John Brown
9. *Father's Occupation* Coachman
10. *Father's Birthplace* Richmond Va.

Name of Medical Attendant, or other Person who makes this return Hester Bowley M.D.

Address 83 Richard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

270314

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Sept 25 / 1878
4. *Place of Birth (Street and Number)* N 276 St Paul St
5. *Full Name of Mother* Mary Mc Cully
6. *Mother's Maiden Name* Mary Tarleton
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Seamus Mc Cully
9. *Father's Occupation* Milk Dealer
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Bellamy M D

Address 23 Franklin

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27035

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second ch

1. Sex (state whether Male or Female) M

2. Race or Color (if not of the white race) W

3. Date of Birth 28 Sept 1878

4. Place of Birth (Street and Number) N° 222 Mulberry S

5. Full Name of Mother Mary F Mari

6. Mother's Maiden Name Mary E Bell

7. Mother's Birthplace Bell

8. Full Name of Father W H Bell

9. Father's Occupation Bookbinder

10. Father's Birthplace Balt

Name of Medical Attendant, or other Person who makes this Return. J H Latham M D

Address 78 Franklin

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27036

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Eighth child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Sept 28th 1878
4. *Place of Birth (Street and Number)* N° 15 Lloyd st
5. *Full Name of Mother* Ellen Bussey
6. *Mother's Maiden Name* Ellen Leahy
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Wm Bussey
9. *Father's Occupation* Musician
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Pullman

Address 23 Franklin

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27037

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven children
1. Sex (state whether Male or Female)	male child
2. Race or Color (if not of the white race)	White child
3. Date of Birth	25 of Sept
4. Place of Birth (Street and Number)	Cook st 37
5. Full Name of Mother	Elizabeth Murdock
6. Mother's Maiden Name	Elizabeth Wright
7. Mother's Birthplace	Hessbrick
8. Full Name of Father	George Wright
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Hinth
Address	No 48 Camden hall st
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27038

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* White
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 25/78
4. *Place of Birth (Street and Number)* 59 N. Schroeder
5. *Full Name of Mother* Emma Heimiller
6. *Mother's Maiden Name* Elder
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Henry Heimiller
9. *Father's Occupation* Mechanic (Painter).
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return. D. L. Gaither M.D.

Address 379 W. Lombard

Remarks

reet. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27039

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
1876
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Sept 25th 1875
4. *Place of Birth (Street and Number)* 67 S. Regester st
5. *Full Name of Mother* Catherine Neudecker
6. *Mother's Maiden Name* Haefer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Peter C. Neudecker
9. *Father's Occupation* Cutler
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Boschmann

Address 120 Bank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27040

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 25th 1878
4. Place of Birth (Street and Number)	#276 S. Charles St.
5. Full Name of Mother	Elizth L. Bantheim
6. Mother's Maiden Name	Sullivan
7. Mother's Birthplace	Maryland
8. Full Name of Father	Chas W. Bantheim
9. Father's Occupation	Carriage Builder
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre sts
Remarks	

Extract from the Laws of Maryland relating to Vital Statistics.

Duty to Record Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27041

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 11 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 25th 1878
4. Place of Birth (Street and Number)	117 N. High St.
5. Full Name of Mother	Mary Houck.
6. Mother's Maiden Name	Kelly.
7. Mother's Birthplace	Ireland
8. Full Name of Father	Jacob Houck.
9. Father's Occupation	Bartender.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Edward D. McDevitt.
Address	137 N. Eutaw St
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27044

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
2
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 25th 1878
4. *Place of Birth (Street and Number)* 125 Elliott St
5. *Full Name of Mother* Mary Flynn
6. *Mother's Maiden Name* Boyle
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Flynn
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. E. J. Williams M.D.

Address 17 Patapsco St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27043

HEALTH DEPARTMENT OCT 2 1870 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
Sex (state whether Male or Female)	male
Race or Color (if not of the white race)	Colored
Date of Birth	Thursday 25 September
Place of Birth (Street and Number)	Baltimore Perham 1871
Full Name of Mother	Julia Healy Mary —
Mother's Maiden Name	Isaac Fales — Wilson
Mother's Birthplace	Baltimore old
Full Name of Father	Isaac Fales
Father's Occupation	drayman
Father's Birthplace	Baltimore old
Name of Medical Attendant, or other Person who makes this Return.	Henrietta Glassye
Address	1 Needles st extended
Remarks	

RETURN OF A BIRTH.

27111.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Septr 25 d 1878
4. Place of Birth (Street and Number)	255 Jefferson Str.
5. Full Name of Mother	Emilie Strasheim
6. Mother's Maiden Name	Emilie Hoppe
7. Mother's Birthplace	Germany
8. Full Name of Father	Friedrich Strasheim
9. Father's Occupation	Shaser
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Marie L. Ludiger
Address	154 E. Bond Str
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27045

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Sept 25 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 25th 1878
4. *Place of Birth (Street and Number)* 16 Fell St.
5. *Full Name of Mother* Minnie Nestlund
6. *Mother's Maiden Name* Minnie Meier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Chas Nestland
9. *Father's Occupation* Tavern
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Henry Amend

Address 137 South Wolfe Street

Remarks

RETURN OF A BIRTH.

27046

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept 25th 1878
4. *Place of Birth (Street and Number)* W. McElderry St
5. *Full Name of Mother* Catherine R. Wailes
6. *Mother's Maiden Name* Catherine R. Ledden
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Henry F. Wailes
9. *Father's Occupation* Carriage Trimmer
10. *Father's Birthplace* Portsmouth Virginia

Name of Medical Attendant, or other Person who makes this Return. John H. Holmes

Address 286 E. Bath St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27047

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Sept 25 1878
4. Place of Birth (Street and Number)	22 Rose St
5. Full Name of Mother	Mary Thomas Woods
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Francis Thomas
9. Father's Occupation	Barber
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	J. McNeven M.D.
Address	89 Mulberry St.
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27048

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 25 - 1878
4. Place of Birth (Street and Number)	323 E Eager St
5. Full Name of Mother	Dora E Armiger
6. Mother's Maiden Name	Zobler
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Wm Sandenbergh Armiger
9. Father's Occupation	Furniture Manufacturer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	McKean MD
Address	87 Mulberry St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27049

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* september 24 1878
4. *Place of Birth (Street and Number)* 1 illegitimate
5. *Full Name of Mother* feba cunnon
6. *Mother's Maiden Name* feba nole
7. *Mother's Birthplace* island
8. *Full Name of Father* marten cunnon
9. *Father's Occupation* laborer
10. *Father's Birthplace* island

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 433 alicanna st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27050

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 26. 1878
4. Place of Birth (Street and Number)	62 Gough St
5. Full Name of Mother	Mary A. Hindle
6. Mother's Maiden Name	Mary A. Carre
7. Mother's Birthplace	Isle of Guernsey
8. Full Name of Father	Wm H. Hindle
9. Father's Occupation	Carpenter
10. Father's Birthplace	Bradford Eng
Name of Medical Attendant, or other Person who makes this Return	Jas. Powell M.D.
Address	227 Carrollton Ave.
Remarks	Child Healthy

RETURN OF A BIRTH.

27051

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	7th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	September 20th 1878
4. Place of Birth (Street and Number)	66 Iceland Street
5. Full Name of Mother	Catherine Weiss
6. Mother's Maiden Name	Catherine Reimensnyder
7. Mother's Birthplace	Allegheny City Pa
8. Full Name of Father	William Weiss
9. Father's Occupation	Cooper
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Seabach
Address	439 West Pratt St Baltimore Md
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27052

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	September 26th 1878
4. Place of Birth (Street and Number)	No 114 Mulliken Street
5. Full Name of Mother	Jemima E Smith
6. Mother's Maiden Name	Jemima E Richmond
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James E Smart
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allen
Address	286 N Bond st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27053

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth 2d Sept 1878
4. Place of Birth (Street and Number) 17 Hulls Lane
5. Full Name of Mother Sarah A Berry
6. Mother's Maiden Name Sarah A Johnson
7. Mother's Birthplace Baltimore City
8. Full Name of Father James E Berry
9. Father's Occupation Steam Boating
10. Father's Birthplace Point Coal Va

Name of Medical Attendant, or other Person who makes this Return. Margrt Vitins

Address 214 East Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27034

To the Office of Registrar of Vital Statistics, Board of Health.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

BALTIMORE CITY. Sept 26 1878.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	Sept 26. 5. P m
4. Place of Birth (Street and Number)	Shield ally no 1.
5. Full Name of Mother	Mrs John Purnell
6. Mother's Maiden Name	Nancy R. Bundy
7. Mother's Birthplace	Virginia
8. Full Name of Father	John Purnell
9. Father's Occupation	merchant
10. Father's Birthplace	New orleans La
Name of Medical Attendant, or other Person who makes this Return.	Mrs Crew
Address	Tyson Street 71
Remarks	Child well weight 7 lbs mother will By the Blessing of God

27055

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

Tant any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 26th 1878
4. Place of Birth (Street and Number)	No 332 N. Washington st
5. Full Name of Mother	Lina Hartman
6. Mother's Maiden Name	Meisel
7. Mother's Birthplace	Md
8. Full Name of Father	John Hartman
9. Father's Occupation	Agent
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Mr Elizabeth Rushman
Address	129 Bank st
Remarks	

27056

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 1 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 September
4. *Place of Birth (Street and Number)* 215 Brodway
5. *Full Name of Mother* Sara Euler
6. *Mother's Maiden Name* Durkon
7. *Mother's Birthplace* U S
8. *Full Name of Father* Frederick Euler
9. *Father's Occupation* Dreiver
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara. Casper

Address 82 E. Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27057

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	26 September
4. Place of Birth (Street and Number)	32 Pratt St
5. Full Name of Mother	Marie Straub
6. Mother's Maiden Name	Strockert
7. Mother's Birthplace	U S
8. Full Name of Father	John Straub
9. Father's Occupation	Watchmaker
10. Father's Birthplace	U S
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Casper
Address	52 E. Lombard St
Remarks	

27038

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4ter Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 26, 1878
4. *Place of Birth (Street and Number)* Madeira Alley between Gough & no number
5. *Full Name of Mother* Elisabetha Singler
6. *Mother's Maiden Name* Elisabetha Schneider
7. *Mother's Birthplace* Baltimore City
8. *Fuil Name of Father* Friedrich Singler
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E Mullen

Address N. Dallas St No 26

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27059

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Septr. 26 1878
4. *Place of Birth (Street and Number)* 122 Lostrd
5. *Full Name of Mother* Caroline Witzel
6. *Mother's Maiden Name* K. Gramer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Simon Witzel
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wasie L. Lindig

Address 124 N. Londstr

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27060

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d,
1. Sex (state whether Male or Female)	Fem.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sept 26, 1878
4. Place of Birth (Street and Number)	434 N Central ave
5. Full Name of Mother	Sarah Ellen Houck
6. Mother's Maiden Name	" Hanshew
7. Mother's Birthplace	Baltimore,
8. Full Name of Father	George F. Houck
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Baltimore,
Name of Medical Attendant, or other Person who makes this Return.	Dr H. P. Morgan
Address	175 Saratoga St.
Remarks	

Extract from Regulations of the Board of Health of Baltimore.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27061

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) Seconde

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Septm. 26 1878
4. *Place of Birth (Street and Number)* 292 W. Hoffman St
5. *Full Name of Mother* Mary Jane Latham
6. *Mother's Maiden Name* Kelly
7. *Mother's Birthplace* Harpers Ferry Virginia
8. *Full Name of Father* Joseph W. Latham
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Emmetsburg Maryland

Name of Medical Attendant, or other Person who makes this Return. J. D. Whitridge M.D.

Address 431 Penn

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27062

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	September 26 1878
4. Place of Birth (Street and Number)	Maternite — 163 N. Gonbard St.
5. Full Name of Mother	Clarina Donaldson
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Md —
8. Full Name of Father	Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	Dan'l Streett M.D. Resident Physician
Address	Maternite — 163 N. Gonbard St.
Remarks	Mother and child doing well —

27063

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 1 1878 BALTIMORE MD.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sep 26 ts
4. Place of Birth (Street and Number)	34 Sterling St.
5. Full Name of Mother	Catherine Brawner
6. Mother's Maiden Name	Catherine Clark
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Josep Brawner
9. Father's Occupation	Steward on Pullman Cars
10. Father's Birthplace	Charles County Maryland
Name of Medical Attendant, or other Person who makes this Return.	D Hall Rutledge. M.D
Address	151 Asquith St. City
Remarks	

rent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27064

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sep. 26.
4. Place of Birth (Street and Number)	— Druid Hill Av.
5. Full Name of Mother	Ella King
6. Mother's Maiden Name	Ella Winn
7. Mother's Birthplace	Balt.
8. Full Name of Father	Harry King
9. Father's Occupation	Merchant
10. Father's Birthplace	Balt.
Name of Medical Attendant, or other Person who makes this Return.	A. M. Wilson
Address	257 Madison Av.
Remarks	

vent Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27065

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE SEP 27 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	3h 45m A. M. 26th September, 1878.
4. Place of Birth (Street and Number)	No 211 N. Canvale St- Balto City
5. Full Name of Mother	Aleda Kate Riley
6. Mother's Maiden Name	Aleda Kate Matthews
7. Mother's Birthplace	Baltimore City — Maryland —
8. Full Name of Father	Charley Pritchard Riley
9 Father's Occupation	House & Sign Painter
10. Father's Birthplace	Baltimore City — Maryland.
Name of Medical Attendant, or other Person who makes this Return.	Wm. J. Wroth M. D.
Address	148 N. Howard St
Remarks	

ovest Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27066

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	26th September 1876
4. Place of Birth (Street and Number)	373 Canton Avenue
5. Full Name of Mother	Elizabeth Traebes
6. Mother's Maiden Name	Elizabeth Eggleston
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Theodore Traebes
9. Father's Occupation	Any kind of work
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Midwife Luckan
Address	No 10 Essex st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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27067

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep 28th
4. Place of Birth (Street and Number)	No 5 Concord St
5. Full Name of Mother	Margaret Roddy
6. Mother's Maiden Name	Moody
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Roddy
9. Father's Occupation	Policeman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27068

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	White
2. Race or Color (if not of the white race)	Female
3. Date of Birth	Sep 26th
4. Place of Birth (Street and Number)	112 N. Bond St
5. Full Name of Mother	Fanny Chester
6. Mother's Maiden Name	— Corrigan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James L. Chester
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

No. 27069

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 26th 1878
4. Place of Birth (Street and Number)	213 248 Cross st
5. Full Name of Mother	Catharn Mach
6. Mother's Maiden Name	Albrit
7. Mother's Birthplace	America
8. Full Name of Father	Henry Mach
9. Father's Occupation	Laborer
10. Father's Birthplace	Germaney
Name of Medical Attendant, or other Person who makes this Return.	J. Dohgoosa midwife
Address	213 Cross st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

21070

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 26th 1878
4. Place of Birth (Street and Number)	No 330 Pratt St
5. Full Name of Mother	Josephine Hauck
6. Mother's Maiden Name	Giset
7. Mother's Birthplace	Germany
8. Full Name of Father	Rudolph Hauck
9. Father's Occupation	Cigar maker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Schroeder midwife
Address	213 Cross st
Remarks	

RETURN OF A BIRTH.

27071

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Mulatto
3. Date of Birth	Sept 27th 1878
4. Place of Birth (Street and Number)	180 Warner
5. Full Name of Mother	Marcella Nelson
6. Mother's Maiden Name	Marcella Pitt
7. Mother's Birthplace	Virginia
8. Full Name of Father	Geo. C. Nelson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Theodore Lowe M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27072

OCT 12 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 forth child

1. *Sex (state whether Male or Female)* girle
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Sept 27 1878
4. *Place of Birth (Street and Number)* No 1 Plumb Alley
5. *Full Name of Mother* Leinda Thijman
6. *Mother's Maiden Name* Leinda Williams
7. *Mother's Birthplace* West River
8. *Full Name of Father* geory Thilman
9. *Father's Occupation* Shoe Carar
10. *Father's Birthplace* Elkton Md

Name of Medical Attendant, or other Person who makes this return Abarzila Brooks

Address Residence 2010 Mines St

Remarks Doing Well as expected

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27073

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE OCT 4 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 2 Sept
4. *Place of Birth (Street and Number)* No 447 Pratt St
5. *Full Name of Mother* Annie Cook
6. *Mother's Maiden Name* Forrest
7. *Mother's Birthplace* Washington
8. *Full Name of Father* William H Cook
9. *Father's Occupation* Baggage Master
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Catherine Sedcoat

Address 439 West Pratt St Baltimore Md

Remarks

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

270714

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 2d Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White Race
3. Date of Birth	27 Oct 1878
4. Place of Birth (Street and Number)	Baltimore Dallas St W 335
5. Full Name of Mother	Julia Ivey
6. Mother's Maiden Name	Julia Snider
7. Mother's Birthplace	Bath Bohama
8. Full Name of Father	Jim Snider
9. Father's Occupation	Shoe Makere
10. Father's Birthplace	Bohama
Name of Medical Attendant, or other Person who makes this Return.	Mary Baptist
Address	69 Fishonton St
Remarks	Baltimor Md

27075

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. Sex (state whether Male or Female)	Female child
2. Race or Color (if not of the white race)	White child
3. Date of Birth	27 Sept
4. Place of Birth (Street and Number)	Baltimore Cross St. 266
5. Full Name of Mother	Mary Hensel
6. Mother's Maiden Name	Mary Hunsel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Hensel
9. Father's Occupation	Cupper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Minth
Address	~~266 Cross St.~~ No 98 Leadenhall st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27076

HEALTH DEPT OCT 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 30th September
4. *Place of Birth (Street and Number)* Rear of No. 19 Locust Point
5. *Full Name of Mother* Ernestine Furchtenicht
6. *Mother's Maiden Name* Ernestine Schäfer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fredrich Furchtenicht
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Magarethe Ertel

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27077

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	27 Sept 1878
4. *Place of Birth (Street and Number)*	William St
5. *Full Name of Mother*	Bridget Shiels
6. *Mother's Maiden Name*	Bridget Carey
7. *Mother's Birthplace*	Clamp Gal Ireland
8. *Full Name of Father*	Barney Shiels
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Tyrone County Ireland
Name of Medical Attendant, or other Person who makes this return	Margaret McGuire
Address	192 Potter Durham
Remarks	First Boy Baby Living

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27078

HEALTH DEPT. OCT 3 1878 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Sept ~~Oct~~. 27th 1878.
4. Place of Birth (Street and Number)	28. Ryan Pl
5. Full Name of Mother	Ellen Garey
6. Mother's Maiden Name	Ellen Tuttle
7. Mother's Birthplace	Ireland
8. Full Name of Father	Michael Garey
9. Father's Occupation	Moulder.
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	A H Sutton M D
Address	543. Lexington
Remarks	

veet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, the or their physical condition, whether still born or not, the full name, nativity, and residence

RETURN OF A BIRTH.

27079

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept Oct 27 th 1878.
4. *Place of Birth (Street and Number)* 311 Hamburg st.
5. *Full Name of Mother* Amelia Lotz
6. *Mother's Maiden Name* Amelia Habeeman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Geo. Lotz
9. *Father's Occupation* Family Grocer.
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. A. A. Soeltz M.D.

Address 543 Lexington

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27080
27081

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th with
1. Sex (state whether Male or Female) Male & Female
2. Race or Color (if not of the white race)
3. Date of Birth Sept 27th 1878
4. Place of Birth (Street and Number) No 116 Rose 5
5. Full Name of Mother Paulina Fiches
6. Mother's Maiden Name " Sherer
7. Mother's Birthplace Germany
8. Full Name of Father Carl Fiches
9. Father's Occupation Tinner
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Rushmeier
Address 120 Boston Street
Remarks Twins

RETURN OF A BIRTH.

27089

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	27 Sep
4. Place of Birth (Street and Number)	138 N Bond St
5. Full Name of Mother	Mary J Reese
6. Mother's Maiden Name	Piercy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Geo Reese
9. Father's Occupation	Tinner
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Ursula J McKimmie
Address	No 7 Forrest Place
Remarks	

Reese Piercy

rect Record of Vital Statistics in the City of Baltimore.

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27083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 24th 1878
4. Place of Birth (Street and Number)	176 Bank
5. Full Name of Mother	Mary Ann Bagwell
6. Mother's Maiden Name	Mary Ann Canby
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John Welch Bagwell
9. Father's Occupation	Moulder
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	[illegible]
Remarks	

RETURN OF A BIRTH.

27084

NOV 13 1876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 ~~Female~~ male
1. Sex (state whether Male or Female)	
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	September 27.
4. Place of Birth (Street and Number)	No 10 Bolton ally
5. Full Name of Mother	Emma Green.
6. Mother's Maiden Name	Emma Bowren
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William H. Bowren
9 Father's Occupation	Watchman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Jane Baker mid wife
Address	66 cider ally
Remarks	

vert Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27085

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September the 21. 1878
4. *Place of Birth (Street and Number)* Albemarle St No 149
5. *Full Name of Mother* Sophia Hilgemann
6. *Mother's Maiden Name* Sophia Bleck
7. *Mother's Birthplace* Borden Pr Preussen. Germany
8. *Full Name of Father* Wilhelm Hilgemann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Rachie. Pr Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St No 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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27086

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 27 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	The Fifth Child
1. Sex (state whether Male or Female)	Male Child
2. Race or Color (if not of the white race)	Brown Colored
3. Date of Birth	Sept 24
4. Place of Birth (Street and Number)	Union ally No 113
5. Full Name of Mother	Julia Brunn
6. Mother's Maiden Name	July Kenzt
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Brunner
9. Father's Occupation	Drayman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Harriet Britton
Address	145 Aliceanna Harriet Britton
Remarks	5 Months Child 6 Born Fourth Ward

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27087

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 27th 1878
4. *Place of Birth (Street and Number)* No. 410 Canvale St.
5. *Full Name of Mother* Mrs. Indiana Mahone
6. *Mother's Maiden Name* Perkins
7. *Mother's Birthplace* Portsmouth - Va.
8. *Full Name of Father* Albert Mahone
9. *Father's Occupation* Builder
10. *Father's Birthplace* Williamsburg - Va.

Name of Medical Attendant, or other Person who makes this Return. Wm. W. Hennessy

Address 10 N. Caroline St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27088

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 26 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	September 27 1878
4. Place of Birth (Street and Number)	Maternite – 162 W. Lombard
5. Full Name of Mother	Grace Vanhorn
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Md
8. Full Name of Father	Mr. Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Streett M.D. Resident Physician
Address	Maternite Hospital – 162 W. Lombard St
Remarks	Mother and child doing as well as could be expected.

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27089

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name of child: John Clifton ~~Geo~~ Gettier

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	27 Sept 1875.
4. Place of Birth (Street and Number)	N. W. corner Pennsylvania Av. & Hoffman St.
5. Full Name of Mother	Ida Gettier.
6. Mother's Maiden Name	" Fisher.
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	John Frederick Gettier.
9. Father's Occupation	Carpenter.
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Charles F. Geiger M. D.
Address	No. 267 Druid Hill Avenue
Remarks	"Nary"

SEP 28 1878

THE REGISTRAR BALTIMORE

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

27090

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* September 28th 1878
4. *Place of Birth (Street and Number)* 65 Perry Street
5. *Full Name of Mother* Martha A. Williams
6. *Mother's Maiden Name* Martha A. Bias
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Azbery Williams
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* [redacted] Howard County Md

Name of Medical Attendant, or other Person who makes this return Hester Bradley M. D.

Address 85 Richard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27091

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 28th September 1878
4. *Place of Birth (Street and Number)* 162 Boston St. Fells
5. *Full Name of Mother* Bertha Schmidt
6. *Mother's Maiden Name* Bertha Fellick
7. *Mother's Birthplace* Germany
8. *Full Name of Father* George Schmidt
9. *Father's Occupation* Engineer & Machinist
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Patterson Park Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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27092

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* The 2d of Sept
4. *Place of Birth (Street and Number)* No 126 126 St. Wing St
5. *Full Name of Mother* Eva Schlafer
6. *Mother's Maiden Name* Eva Bingert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jorge Schlafer
9. *Father's Occupation* Saw Mager
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Med Saner Baltimore Md

Remarks 173 Fleet

RETURN OF A BIRTH.

27093

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	28 September
4. Place of Birth (Street and Number)	No 3 Kessell St
5. Full Name of Mother	Annie Diesmann
6. Mother's Maiden Name	Davis
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Diesman
9. Father's Occupation	Workingman
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Casper
Address	52 E. Lombard St
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27091

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th September 1878
4. Place of Birth (Street and Number)	95 Appleton st
5. Full Name of Mother	Nora Walter
6. Mother's Maiden Name	Nora Mullen
7. Mother's Birthplace	England
8. Full Name of Father	Karl Walter
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Midwife Theresia Eigeldinger
Address	40 W Union st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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ract Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27095

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 28th 1878
4. Place of Birth (Street and Number)	551 Hanover st
5. Full Name of Mother	Lotta Shannon
6. Mother's Maiden Name	Waltman
7. Mother's Birthplace	Md
8. Full Name of Father	Wm Shannon
9. Father's Occupation	Fireman
10. Father's Birthplace	Cumberland
Name of Medical Attendant, or other Person who makes this Return.	Mrs C A Lewis
Address	162 Hanover st
Remarks	

27096

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* September the 28
4. *Place of Birth (Street and Number)* 46 Moris alley
5. *Full Name of Mother* anna virgenia clark
6. *Mother's Maiden Name*
7. *Mother's Birthplace* northanton county
8. *Full Name of Father* Jefferson Baltimore
9. *Father's Occupation* a ship sucker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlet goldsberry

Address norse alley baltimore

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27097

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 28. 1878
4. Place of Birth (Street and Number)	No 4356 Fayetta St.
5. Full Name of Mother	Anna Farrss.
6. Mother's Maiden Name	Anna Kanny.
7. Mother's Birthplace	Ireland
8. Full Name of Father	Thomas. Farrss.
9. Father's Occupation	Thermometer maker.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mc A. Burk.
Address	No 165. S.E. cor of Centre & N. Monument Sts.
Remarks	Well.

HEALTH DEPARTMENT NOV 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

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27098

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	September 28/1878
4. Place of Birth (Street and Number)	Maternite Hospital – 169 N. Lombard St
5. Full Name of Mother	Ellen Davis
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Streett M.D. Resident Physician
Address	Maternite Hospital – 169 N. Lombard St
Remarks	Mother and child doing well at present writing. —

rect Record of Vital Statistics in the City of Baltimore.

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27099

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

SEP 30 1878 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* september 28 1878
4. *Place of Birth (Street and Number)* 370 eastern av
5. *Full Name of Mother* maries winks
6. *Mother's Maiden Name* maries mckeary
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* samuel winks
9. *Father's Occupation* labor
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel an n gazzett

Address 422 alice an na st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27100

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3th
1. Sex (state whether Male or Female)	Femel
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 29.
4. Place of Birth (Street and Number)	127 N Lumbert
5. Full Name of Mother	Maria Winkler
6. Mother's Maiden Name	Maria Gablitz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Nickolas Winkler
9. Father's Occupation	Schumacher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	John L. Tiber
Address	No 81 Nord Eutor Baltimore Md
Remarks	Normal.

rect Record of Vital Statistics in the City of Baltimore.

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rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27101

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 29 th 1878
4. Place of Birth (Street and Number)	Boundary near Madison ave
5. Full Name of Mother	Rose Adelbride Horn
6. Mother's Maiden Name	Rose Adelbride Lambrecht
7. Mother's Birthplace	Balto
8. Full Name of Father	Philip C Horn
9. Father's Occupation	Druggist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. R. Ashler M.D.
Address	234 W Lafayette St
Remarks	

RETURN OF A BIRTH.

21702

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 29 th 1878
4. Place of Birth (Street and Number)	No 196 Sharp st
5. Full Name of Mother	Mary Ambach
6. Mother's Maiden Name	Weitle
7. Mother's Birthplace	Germany
8. Full Name of Father	Adolph Ambach
9. Father's Occupation	Sailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	G. Schwaaser michaelis
Address	213 Cross st.
Remarks	

Each Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

HEALTH DEPARTMENT
OCT
29
1878
BALTIMORE.

27103

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Read Record of Vital Statistics in the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Sept 27/78
4. *Place of Birth (Street and Number)* No 1 Thyng Ct
5. *Full Name of Mother* Mary Ann Smith
6. *Mother's Maiden Name* Mary Ann Heard
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Clement Smith
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Pattison M D

Address 28 Franklin

Remarks

RETURN OF A BIRTH.

27104

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
4
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Baltimore 2 Child
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White Race
3. Date of Birth	29 Sept 1878
4. Place of Birth (Street and Number)	Baltimore and St No 235
5. Full Name of Mother	Kate Hicke
6. Mother's Maiden Name	Bulen
7. Mother's Birthplace	Bohama
8. Full Name of Father	Joseph Hicke
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohamas
Name of Medical Attendant, or other Person who makes this Return.	Mr Boyd
Address	
Remarks	69 Madison st

Fees Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27105

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 29 September
4. *Place of Birth (Street and Number)* No 95 Caroline St
5. *Full Name of Mother* Margerette Heilan
6. *Mother's Maiden Name* Heiplan
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* August Weanes
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby St

Remarks

Rec'd Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27106

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sept 29th 1878
4. Place of Birth (Street and Number)	16 Columbia Av
5. Full Name of Mother	Florence B. Reed
6. Mother's Maiden Name	Florence B Face
7. Mother's Birthplace	Norfolk Va
8. Full Name of Father	Elmer J. Reed
9. Father's Occupation	Hatter
10. Father's Birthplace	Norfolk Va
Name of Medical Attendant, or other Person who makes this Return.	H. H. Mitchell
Address	97 Parkin St E
Remarks	

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27107

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) First

1. *Sex (state whether Male ~~or Female~~)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* September 29th, 7:15 P.M.
4. *Place of Birth (Street and Number)* No 70 Wagley St
5. *Full Name of Mother* Louisa Lugnig
6. *Mother's Maiden Name* Louisa McCamb
7. *Mother's Birthplace* Cumberland, Alleghany Co, Maryland
8. *Full Name of Father* Henry Lugnig
9. *Father's Occupation* Box Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Smith Geddie, M.D.

Address 106 Columbia Ave.

Remarks Instrumental labor; Adherent placenta; Child in good physical condition & living.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27108

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 29 September
4. *Place of Birth (Street and Number)* 157 Eden St.
5. *Full Name of Mother* Babet Kausch
6. *Mother's Maiden Name* Will
7. *Mother's Birthplace* U S
8. *Full Name of Father* Andrew Kausch
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Bruer

Address 52 E. Lombard St

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27109

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* sept 29
4. *Place of Birth (Street and Number)* 14 spring st
5. *Full Name of Mother* martha moran
6. *Mother's Maiden Name* martha mase
7. *Mother's Birthplace* harpers ferry
8. *Full Name of Father* joseph moran
9. *Father's Occupation* white washer
10. *Father's Birthplace* ~~Ky~~ harpers ferry

Name of Medical Attendant, or other Person who makes this Return. mrs dr johnson

Address no 32 storrs st

Remarks ferry delicate

RETURN OF A BIRTH.

27110

1117

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1870 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 Eva Rosenberg
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	29th Sept
4. Place of Birth (Street and Number)	No. 10 Chas. County St
5. Full Name of Mother	Eva Rosenberg
6. Mother's Maiden Name	Eva Wolf
7. Mother's Birthplace	New Germany
8. Full Name of Father	Samuel Rosenberg
9. Father's Occupation	Second Hand Store
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mrs Anne Lumbard Lexington
Remarks	

Fee Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27111

HEALTH DEPARTMENT BALTIMORE OCT 14 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	September 29th 1878
4. Place of Birth (Street and Number)	No 28 Williamson St
5. Full Name of Mother	Priscilla Matthews
6. Mother's Maiden Name	Priscilla Johnson
7. Mother's Birthplace	Md
8. Full Name of Father	William Matthews
9. Father's Occupation	Mariner
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	96 13 Sth Md
Address	17 Hanover St
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27112

HEALTH DEPARTMENT SEP 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 29th 1878
4. Place of Birth (Street and Number)	Ele 301 Hanover st
5. Full Name of Mother	Emma Bambsen
6. Mother's Maiden Name	Bartensen
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Behmsen
9. Father's Occupation	Machinest
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwesser midwife
Address	213 Cross st
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27113

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	13 t
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sep. 30. 1878
4. Place of Birth (Street and Number)	Register str. No 7
5. Full Name of Mother	Barbara Schneider
6. Mother's Maiden Name	Fleischmann
7. Mother's Birthplace	Bamberg Bayern
8. Full Name of Father	Johann Schneider
9. Father's Occupation	Lebner
10. Father's Birthplace	Blankenfeld Bayern
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Rauprich
Address	21 Wolf str No 28
Remarks	Mrs Dr

Each Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

271111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* September the 30 1878
4. *Place of Birth (Street and Number)* No 14 north Saly
5. *Full Name of Mother* Nesteler Johnson
6. *Mother's Maiden Name* Nesteler gales
7. *Mother's Birthplace* washington county
8. *Full Name of Father* Charles Johnson
9. *Father's Occupation* labror
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Charlet Goldsborey

Address north Saly

Remarks

rec Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27115

HEALTH DEPARTMENT OCT 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the Ninth

1. Sex (state whether Male or Female) Male White

2. Race or Color (if not of the white race)

3. Date of Birth September 14 1878

4. Place of Birth (Street and Number) No 338 Abrania St

5. Full Name of Mother Mary Weber

6. Mother's Maiden Name Mary Kelly

7. Mother's Birthplace Baltimore

8. Full Name of Father George Weber

9 Father's Occupation Sherman

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ann E Ball

Address No 171 South St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27116

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	30 September
4. Place of Birth (Street and Number)	No. 100 Lombard Street
5. Full Name of Mother	Mary Feiler
6. Mother's Maiden Name	Uhland
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Feiler
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Sophie Jenson
Address	No. 40 Granby Street
Remarks	

RETURN OF A BIRTH.

27117

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Brown Skin
3. *Date of Birth* Sept 30th
4. *Place of Birth (Street and Number)* Born on Dallas St 258
5. *Full Name of Mother* mary Ellen Gale
6. *Mother's Maiden Name* Woolland
7. *Mother's Birthplace* Born St mary County Md
8. *Full Name of Father* George H Gale
9. *Father's Occupation* White worker 3 trade
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes the Return. Alice Chapman Drears

Address

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

No. of Child of Mother (state whether ~~1st, 2d, 3d, &c.~~) Third,
1. Sex (state whether ~~Male or~~ Female) Female,
2. Race or Color (if not of the white race) White
3. Date of Birth September 30th, 8 A.M.
4. Place of Birth (Street and Number) No 479 West Pratt St.
5. Full Name of Mother Ellen Hagner,
6. Mother's Maiden Name Ellen Gorman
7. Mother's Birthplace Baltimore City
8. Full Name of Father William Hagner
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City.

Name of Medical Attendant, or other Person who makes this Return. Dr. McClellan M.D.
Address 106 Columbia Ave.
Remarks Quick, Natural Labor; Child in good physical condition
& Living

rect Record of Vital Statistics in the City of Baltimore.

Tinat any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2719

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	30th September 1878
4. Place of Birth (Street and Number)	113 Chester st
5. Full Name of Mother	Marjane ~~Rafferday~~ Raffaty
6. Mother's Maiden Name	Mary Jane Hogg
7. Mother's Birthplace	Ellicotts Mills Md
8. Full Name of Father	Martin L Raffaty
9. Father's Occupation	Collector
10. Father's Birthplace	West Virginia
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Patterson Park Av
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27120

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* W. White
3. *Date of Birth* Sept 30 1878.
4. *Place of Birth (Street and Number)* 27 Thames st
5. *Full Name of Mother* Barbara Celanter
6. *Mother's Maiden Name* Barbara Schooman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Celanter
9. *Father's Occupation* Taylor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Louisa Smith

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27121

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* April ~~March~~ 30 1878
4. *Place of Birth (Street and Number)* 92½ Pennsylvania ave
5. *Full Name of Mother* Kathern Hebern
6. *Mother's Maiden Name* Kathern Thomas
7. *Mother's Birthplace* Talbot County Md
8. *Full Name of Father* Thomas Hebern
9. *Father's Occupation* Cookman
10. *Father's Birthplace* Prince George Co Md

Name of Medical Attendant, or other Person who makes this Return. Charlotte Wasson

Address 258 West Baltimore st City

Remarks None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

27122

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seven
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sept 30th 1878
4. Place of Birth (Street and Number)	No 145 Durham st
5. Full Name of Mother	Lizzie Henderson
6. Mother's Maiden Name	Lizzie Cooper
7. Mother's Birthplace	Worcester Co. Md.
8. Full Name of Father	Peter Henderson
9. Father's Occupation	Laborer
10. Father's Birthplace	Worcester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	Isaac Walker
Address	No 198 S. Gilmor st
Remarks	Child in good health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27123

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 1 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept. 20th 1878.
4. Place of Birth (Street and Number)	219 N. Central Ave.
5. Full Name of Mother	Margaret A. Justis
6. Mother's Maiden Name	" " Mitchell
7. Mother's Birthplace	Baltimore "
8. Full Name of Father	Septimus Justis
9. Father's Occupation	Civil Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Edward D. Maxwell
Address	137 N. Eden St
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27124

HEALTH DEPARTMENT OCT 1 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth Sept 30 th 1878

4. Place of Birth (Street and Number) 107 Eastend av.

5. Full Name of Mother Bridget Moore

6. Mother's Maiden Name Bridget Burns

7. Mother's Birthplace Baltimore Co Md

8. Full Name of Father Moses Moore

9. Father's Occupation Gardener

10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. E. L. Sloan M.D.

Address 1 Eastend av

Remarks

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

MISSING

#27125

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child M

(state whether Male or Female) Male

or Color (if not of the white race) White

of Birth 1 October 1878

e of Birth (Street and Number) 210 E Madison Market Space

Name of Mother Wilhelmine Brack

r's Maiden Name

r's Birthplace Lur Hessen

Name of Father Albert Brack

Father's Occupation Meat Agent

her's Birthplace Lur Hessen Germany

Name of Medical Attendant, or other Person who makes this Return. Wm Sieb

Address S Eutaw N 328

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27127

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6te Child
1. *Sex (state whether Male or Female)* ~~Male~~ female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 1 Oct. 1878
4. *Place of Birth (Street and Number)* No 253 East St.
5. *Full Name of Mother* Carline Biemüller
6. *Mother's Maiden Name* Carl. Preis
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan Biemüller
9. *Father's Occupation* Fed Dealer
10. *Father's Birthplace* Bayern Germania
Name of Medical Attendant, or other Person who makes this Return. Maria Trost
Address No 328 S Eutaw St.
Remarks

Vest Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27128

To the Office of Registrar of Vital Statistics, Board of Health
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 1st 1878
4. Place of Birth (Street and Number)	196 E. Monument St Baltimore
5. Full Name of Mother	Mrs Esther Crain
6. Mother's Maiden Name	Esther Hollahan
7. Mother's Birthplace	St Johns Newfoundland
8. Full Name of Father	William Crain
9. Father's Occupation	Machinist
10. Father's Birthplace	Cincinnatti Ohio
Name of Medical Attendant, or other Person who makes this Return.	Mrs Amanda Marine
Address	328 E. Monument Street
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Any person violating any of the provisions of this Section is guilty of a misdemeanor.

RETURN OF A BIRTH.

27129

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth (4th)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 1st 1878
4. Place of Birth (Street and Number)	Randell bet Charles & Hanover
5. Full Name of Mother	Elizabeth Burk
6. Mother's Maiden Name	Elizabeth Willishauser
7. Mother's Birthplace	Germany
8. Full Name of Father	Martin Burk
9. Father's Occupation	Butter cutter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs. Minch
Address	[redacted] 98 Swansfall Mill
Remarks	

FOR RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27130

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Failure to Report.—For neglect of this duty, a fine not exceeding Fifty Dollars.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 1 October 1878
4. *Place of Birth (Street and Number)* 120 Lombard St
5. *Full Name of Mother* Catie Fichter
6. *Mother's Maiden Name* Parker
7. *Mother's Birthplace* England
8. *Full Name of Father* Charles Fichter
9. *Father's Occupation* Potterie
10. *Father's Birthplace* U. S.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 82 E Lombard St

Remarks

RETURN OF A BIRTH.

27131

To the Office of Registrar of Vital Statisiics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Oct. 1st 78.
4. Place of Birth (Street and Number)	117 Mosquito St
5. Full Name of Mother	Annie Abell Wheeler
6. Mother's Maiden Name	Abell
7. Mother's Birthplace	Bryno.
8. Full Name of Father	Chas Wheeler
9. Father's Occupation	Clerk
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	H. T. Reynolds M.D.
Address	156 Mosquito St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

9/132

HEALTH DEPARTMENT OCT 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Coled
3. Date of Birth	octobe 1 1878
4. Place of Birth (Street and Number)	No 3 se alley between Lee & york
5. Full Name of Mother	Mary beard
6. Mother's Maiden Name	Mary Wright
7. Mother's Birthplace	accomac virginia
8. Full Name of Father	Wilson Wright
9. Father's Occupation	stey door
10. Father's Birthplace	accomac virginia
Name of Medical Attendant, or other Person who makes this Return.	Midwife
Address	annie to Wilson Color
Remarks	No 10 Tickets count Light Light a Mark

RETURN OF A BIRTH.

27133

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
3
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	October 1st 1878
4. Place of Birth (Street and Number)	No 26 Wayne St.
5. Full Name of Mother	Julia Smith
6. Mother's Maiden Name	Julia Skinner
7. Mother's Birthplace	Easton, Talbott co. Md.
8. Full Name of Father	John Henry Smith
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Jane Winneberger
Address	No 23 N. Liberty St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Payable by Physicians in the City of Baltimore.

RETURN OF A BIRTH.

27134

HEALTH DEPARTMENT
OCT 4
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 1st
4. Place of Birth (Street and Number)	Concord St above Eager.
5. Full Name of Mother	Bridget Roddy
6. Mother's Maiden Name	Tinnan
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Roddy
9. Father's Occupation	Carpenter
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Whildy C
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27135

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White "
3. Date of Birth	1st October
4. Place of Birth (Street and Number)	17 " Sterrett
5. Full Name of Mother	Marthe Jane Housman
6. Mother's Maiden Name	Marthe Jane Lankol
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charlie C. Housman
9. Father's Occupation	Horsler
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Sabach M.D.
Address	439 West Pratt St Baltimore
Remarks	

Penalty for Violation of this Section.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27136

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 1st 1878
4. Place of Birth (Street and Number)	No 258 Hoyard st
5. Full Name of Mother	Wilhelmine Berks
6. Mother's Maiden Name	Wagner
7. Mother's Birthplace	Germany
8. Full Name of Father	Cristian Berks
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Sokyaska midwife
Address	218 Cross st
Remarks	

Penalty for Neglect of Physicians, Midwives, and others to make Returns of Births to the Office of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27137

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 1
4. Place of Birth (Street and Number)	374 Egar St
5. Full Name of Mother	Bridget Hamilton
6. Mother's Maiden Name	Hawkins
7. Mother's Birthplace	Ireland
8. Full Name of Father	George Hamilton
9. Father's Occupation	House Trader
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrisman
Address	No 7 Forest Place
Remarks	374 E Egar St

See Section 10 of "An Ordinance to Vital Statistics in the City of Baltimore."

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penal Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27138

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1rst

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 1rst of Oct. 1878
4. *Place of Birth (Street and Number)* No 43 Fulton St.
5. *Full Name of Mother* Maggie Kistler
6. *Mother's Maiden Name* Maggie Single
7. *Mother's Birthplace* born in Balto City Md.
8. *Full Name of Father* Georg Kistler
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace* born in Bavaria Germany

Name of Medical Attendant, or other Person who makes this return Mrs. Killen

Address 1954 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27139

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 1st 1878
4. Place of Birth (Street and Number)	468 Light
5. Full Name of Mother	Minnie Lurding
6. Mother's Maiden Name	Minnie Webb
7. Mother's Birthplace	Balto
8. Full Name of Father	Jno. E. Lurding
9. Father's Occupation	Registration Office
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27140

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Octr. 2d 1878
4. *Place of Birth (Street and Number)* 18 Patterson Ave.
5. *Full Name of Mother* Emmer R. Clay
6. *Mother's Maiden Name* Briton
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Jas. Wilson Clay
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. H. Christian M.D.

Address 431 Penna. Ave.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27141

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex (state whether Male ~~or Female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth October the 2d 1878.
4. Place of Birth (Street and Number) S. Broadway No. 119.
5. Full Name of Mother Kate A. Weigelin
6. Mother's Maiden Name Kate A. Glebe.
7. Mother's Birthplace Cassel. H. Prussia Germany
8. Full Name of Father Herman Fr. Weigelin
9. Father's Occupation Confectioner
10. Father's Birthplace Nurnberg. H. Baiern. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,714 2

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 2 October
4. *Place of Birth (Street and Number)* No 77 High Sts
5. *Full Name of Mother* Doris Schallmayer
6. *Mother's Maiden Name* Kehling
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Schallmayer
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 20 Ironby St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 2nd 1878 10 A. M. 4 30 P. M.
4. *Place of Birth (Street and Number)* 10 Fairmount Avenue
5. *Full Name of Mother* Anna Elvira Taylor
6. *Mother's Maiden Name* Anna Elvira Baxter
7. *Mother's Birthplace* Baltimore Co. Md
8. *Full Name of Father* L. L. Taylor
9. *Father's Occupation* Engineer in Navy
10. *Father's Birthplace* Worcester Co. Md

Name of Medical Attendant, or other Person who makes this Return. James E. Emerick M.D.

Address 299 E. Baltimore Street

Remarks

Fee Record of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2714-4

HEALTH DEPT
OCT
30
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 2nd 1878
4. *Place of Birth (Street and Number)* 164 Ralls
5. *Full Name of Mother* Lucie [illegible]
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* W. M. Buell
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Louis [illegible]

Address 120 Madison Ave

Remarks

Brief Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27145

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Oct 2nd 1878
4. *Place of Birth (Street and Number)*	18 Patterson Ave
5. *Full Name of Mother*	Emma Kelly
6. *Mother's Maiden Name*	[illegible]
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	[illegible]
9. *Father's Occupation*	[illegible]
10. *Father's Birthplace*	[illegible]
Name of Medical Attendant, or other Person who makes this return	[illegible]
Address	[illegible]
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Post Records of Vital Statistics in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27146

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	2. Oct.
4. Place of Birth (Street and Number)	29 Barnett
5. Full Name of Mother	Maria Rukas
6. Mother's Maiden Name	Salt
7. Mother's Birthplace	Kuzy Bohemia
8. Full Name of Father	Wenzel Rukas
9. Father's Occupation	Cabinet-maker
10. Father's Birthplace	Neuric Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Konrad
Address	29 Barnett St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27147

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT. 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	2d day of October. 1878.
4. Place of Birth (Street and Number)	No 172 Collins St. B.
5. Full Name of Mother	Mary. Haigle.
6. Mother's Maiden Name	Rice
7. Mother's Birthplace	Baltimore, Md.
8. Full Name of Father	Alfons Haigle.
9. Father's Occupation	Conductor.
10. Father's Birthplace	Baltimore, Md.
Name of Medical Attendant, or other Person who makes this Return.	Miss. A. Sondheim
Address	No 45 Monroe St. Balto Md.
Remarks	

RETURN OF A BIRTH.

27148

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 2d 1878
4. *Place of Birth (Street and Number)* Baltimore, Harrisonstr 78½
5. *Full Name of Mother* Golde Heymann
6. *Mother's Maiden Name* Golde Margolius
7. *Mother's Birthplace* Poland
8. *Full Name of Father* Gospel Heymann
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Poland

Name of Medical Attendant, or other Person who makes this return Cäcilie Bernstein

Address E. Lombard str 113.

Remarks none

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

B.M. J. C. McLANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27149

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 2/78
4. Place of Birth (Street and Number)	32 Vincent St
5. Full Name of Mother	Frances Disby
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Balt.
8. Full Name of Father	
9. Father's Occupation	
10. Father's Birthplace	
Name of Medical Attendant, or other Person who makes this Return.	Thomas Opie M.D.
Address	581 W. Lexington
Remarks	

Fee 25 cents by Law. Physicians in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27150

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 2nd 1878
4. Place of Birth (Street and Number)	30 Greenmount Ave
5. Full Name of Mother	Sarah Ann Jenkins
6. Mother's Maiden Name	Heath
7. Mother's Birthplace	England
8. Full Name of Father	Wm Jenkins
9. Father's Occupation	Butcher
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27151

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11 6
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 2. 1878
4. Place of Birth (Street and Number)	South Wolfster No 146
5. Full Name of Mother	Anna Muller
6. Mother's Maiden Name	Richter
7. Mother's Birthplace	Rutlingsdorf Oestreich
8. Full Name of Father	Franz Muller
9. Father's Occupation	Lebner
10. Father's Birthplace	Wirthem Bacern
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Rauprich
Address	South Wolfster No 28
Remarks	M. Irwife

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Act Passed by First Session of the City Council

2,7152

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 2. 1878
4. *Place of Birth (Street and Number)* 165 King Street
5. *Full Name of Mother* Mary Oliver
6. *Mother's Maiden Name* Mary Hall
7. *Mother's Birthplace* Harford County Md.
8. *Full Name of Father* Joseph Oliver
9. *Father's Occupation* Labor
10. *Father's Birthplace* Alabama

Name of Medical Attendant, or other Person who makes this return Hester Bradley M.D.

Address 85 Orchard Street

Remarks

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27183

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Neil
3. *Date of Birth* Octor 2 d. 1878
4. *Place of Birth (Street and Number)* 59 Millemanstr.
5. *Full Name of Mother* Anna Jess
6. *Mother's Maiden Name* Am. Setter
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Julius Jess
9. *Father's Occupation* Salon Halter
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudiger

Address 135 E. Bond Str.

Remarks

RETURN OF A BIRTH.

27134

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 2 1878
4. *Place of Birth (Street and Number)* N 123 W Lanvale St
5. *Full Name of Mother* Leonie Molton Shaw
6. *Mother's Maiden Name* Leonie M. Stewart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William C Shaw
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Nome of Medical Attendant, or other Person who makes this Return. J. Whalan M.D

Address N 114 Park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27155

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. BALTIMORE MD. OCT 12 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 3d 1878.
4. *Place of Birth (Street and Number)* Multon 24 near Chicken 24
5. *Full Name of Mother* Ellen Dwyer Hale
6. *Mother's Maiden Name* Ellen Graham
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* William Dwyer Hale
9. *Father's Occupation* Valet de Chambre
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. A H Saxton M.D.

Address 543 Lexington st

Remarks "

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27156

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	3rd Oct.
4. Place of Birth (Street and Number)	379 Eager St
5. Full Name of Mother	Marie Rees
6. Mother's Maiden Name	M. North.
7. Mother's Birthplace	Balto Md
8. Full Name of Father	John Rees
9. Father's Occupation	Butcher
10. Father's Birthplace	Balto Md
Name of Medical Attendant, or other Person who makes this Return.	J. Reed
Address	20 Durst St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2715

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Now Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October the 3
4. *Place of Birth (Street and Number)* 660
5. *Full Name of Mother* Elener Mcgarrety
6. *Mother's Maiden Name* Elener Mcank
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Mcgarrety
9. *Father's Occupation* Plack Driver
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 Mchenry

Remarks twins doing well

RETURN OF A BIRTH.

27158

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~)

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* October 3rd 1878
4. *Place of Birth (Street and Number)* 121 S. Ann St
5. *Full Name of Mother* Sarah Blum.
6. *Mother's Maiden Name* Sarah Hecht.
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Lehman Blum.
9. *Father's Occupation* Clothier.
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dalkiell.
Address 207 S. Broadway.
Remarks Israelites.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27159

HEALTH DEPARTMENT OCT 5 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race)
3. Date of Birth the 3 of October August 4th
4. Place of Birth (Street and Number) Baltimore West st Bet. Pacca & Paca
5. Full Name of Mother Mary Collison
6. Mother's Maiden Name Mary Kane
7. Mother's Birthplace Ireland
8. Full Name of Father Edward Collison
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this return Mrs M. Shaffer

Address 418 South Paca st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27160

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	3 of October
4. *Place of Birth (Street and Number)*	Cookrie st No 27 Locust Point
5. *Full Name of Mother*	Mrs Mary Coyne
6. *Mother's Maiden Name*	Miss Mary Murphey
7. *Mother's Birthplace*	Locust Point
8. *Full Name of Father*	Mr Michel Coyne
9. *Father's Occupation*	Laber
10. *Father's Birthplace*	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Margeritta Estel
Address	
Remarks	

RETURN OF A BIRTH.

97161

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 5 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Mulatto
3. Date of Birth Sept. 2nd 1878
4. Place of Birth (Street and Number) No 201 Lane st
5. Full Name of Mother Elizabeth Howard
6. Mother's Maiden Name Elizabeth Gladden
7. Mother's Birthplace Edmund Co. Virginia
8. Full Name of Father Gilbert Howard
9. Father's Occupation Gardener
10. Father's Birthplace Anne Arundel Co. Md.
Name of Medical Attendant, or other Person who makes this Return. Geo. Gallup Larsen
Address 258 West Baltimore st
Remarks None

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee 10 cents by Vital Statistics Act of the City of Baltimore.

27162

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth October 3d 1878.

4. Place of Birth (Street and Number) Pratt St. No 91.

5. Full Name of Mother Sarah Harper

6. Mother's Maiden Name Sarah Faulsh.

7. Mother's Birthplace Baltimore, Md.

8. Full Name of Father Washington Harper.

9. Father's Occupation Waggoner.

10. Father's Birthplace Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address 114 Battery Ave.

Remarks

For Record of Births hereafter in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27163

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th child
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 3 1878
4. *Place of Birth (Street and Number)* Hamburg st No 89
5. *Full Name of Mother* Caroline Mecully
6. *Mother's Maiden Name* Caroline Echart
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* William Mecully
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary E Anderson
Address No 92 Hamburg St
Remarks

Duplicate Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27164

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 3 1878
4. Place of Birth (Street and Number)	45 Flanders St
5. Full Name of Mother	Kate Caden
6. Mother's Maiden Name	Kate Kirby
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Dan Caden
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mess & Gray
Address	193 Hollins St
Remarks	Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27165

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October the 7. 1878.
4. *Place of Birth (Street and Number)* Jefferson St. No 243.
5. *Full Name of Mother* Emilie Klaenker
6. *Mother's Maiden Name* Emilie Foechel
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Friedrich Klaenker
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Siegholz, furst. Lippe Detmold. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Dallas St. No 126

Remarks

27166

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3 Oct.
4. *Place of Birth (Street and Number)* Belair Road
5. *Full Name of Mother* Barbara Thiel
6. *Mother's Maiden Name* " Rosner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Jac. Thiel
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Howard

Address c/o Barnwell

Remarks

Act Regulating Registration of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27167

HEALTH DEPARTMENT OCT 4 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2?
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 3
4. Place of Birth (Street and Number)	361 N. Charles St.
5. Full Name of Mother	Emma Phipps
6. Mother's Maiden Name	Emma McGate
7. Mother's Birthplace	Indianapolis — Indiana
8. Full Name of Father	John B. Phipps
9. Father's Occupation	Agent
10. Father's Birthplace	Indianapolis Ind.
Name of Medical Attendant, or other Person who makes this Return.	H. M. Wilson
Address	257 Mad. Ave
Remarks	

Fee 25 cents to be paid by the Undertaker for the Certificate of Burial.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27168

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 3
4. Place of Birth (Street and Number)	283 N. Forest St
5. Full Name of Mother	Ann Smith
6. Mother's Maiden Name	McCarthy
7. Mother's Birthplace	Co. Cork Ireland
8. Full Name of Father	John Smith
9. Father's Occupation	Meat House
10. Father's Birthplace	Cork Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Chesnyde
Address	No 1 Forest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27169

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex (state whether Male or Female)* A Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 3rd September 1878
4. *Place of Birth (Street and Number)* 339 Dayton st
5. *Full Name of Mother* Nellie
6. *Mother's Maiden Name* Nellie Thorn
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Thorn
9. *Father's Occupation* Waterman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Dennis Mahul

Address North Chapel & Lee Market

Remarks Healthy.

RETURN OF A BIRTH.

27170

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 3 1878
4. Place of Birth (Street and Number)	No 37 Gudmans alley
5. Full Name of Mother	Anna Kane
6. Mother's Maiden Name	O'Burney
7. Mother's Birthplace	America
8. Full Name of Father	Tomas Kane
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	L. Bohnaker midwife
Address	213 Cross st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27171

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 3rd 1878
4. *Place of Birth (Street and Number)* No 7 Warren st
5. *Full Name of Mother* Charlotte Sieth
6. *Mother's Maiden Name* Boehme
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Sieth
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. J. Schroeder midwife

Address 213 Lows st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27172

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 3rd
4. Place of Birth (Street and Number)	Division No 24
5. Full Name of Mother	Mary Forester
6. Mother's Maiden Name	Mary Snowden
7. Mother's Birthplace	Anundel Co
8. Full Name of Father	Zemuel Forester
9. Father's Occupation	Stevedore
10. Father's Birthplace	Anundel Co
Name of Medical Attendant, or other Person who makes this Return.	Mrs Frances Granby
Address	
Remarks	

27173

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 7th 1878
4. Place of Birth (Street and Number)	190 Longwood
5. Full Name of Mother	Sophia E Winkleman
6. Mother's Maiden Name	Sophia E Lemp Ken
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Henry F. Winkleman
9. Father's Occupation	Grocer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Theodore Looze M D
Address	
Remarks	

Extract from Regulations of the Board of Health of Baltimore, relative to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27774

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) colored
3. Date of Birth October 3
4. Place of Birth (Street and Number) Baltimore 282 Eutaw St
5. Full Name of Mother Henrietta Hilliard
6. Mother's Maiden Name Mc [illegible]
7. Mother's Birthplace Baltimore
8. Full Name of Father Isaac Brown
9. Father's Occupation Oyster Shucker
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Emeline [illegible]
Address 38 Hillen St
Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27175

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth.

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* October 3rd 1878.
4. *Place of Birth (Street and Number)* 378 corner Baltimore and Chapel St.
5. *Full Name of Mother* Frances A. McCahan.
6. *Mother's Maiden Name* Frances A. Rutledge.
7. *Mother's Birthplace* Bermuda.
8. *Full Name of Father* David L. McCahan.
9. *Father's Occupation* Plumber.
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell.
Address 207 S. Broadway.
Remarks

Over Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27176

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) the 11th Child

1. *Sex* (state whether Male or Female) Male
2. *Race or Color* (if not of the white race) Colord
3. *Date of Birth* the 2 of October
4. *Place of Birth* (Street and Number) no 1 upton St
5. *Full Name of Mother* glarge anerew allsop
6. *Mother's Maiden Name* glargt anner Carls
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Robert allsop
9. *Father's Occupation* Beher
10. *Father's Birthplace* farhaven

Name of Medical Attendant, or other Person who makes this Return. Lucinder Conish

Address no 43 Biddl alley

Remarks Will an hairy Child

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee allowed by Police Commissioners for the City of Baltimore.

RETURN OF A BIRTH.

27177

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	October 3d 1878
4. Place of Birth (Street and Number)	101 Columbia St.
5. Full Name of Mother	Isabella Hinternity
6. Mother's Maiden Name	Isabella Wheatfield.
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Louis Hinternity.
9. Father's Occupation	Iron Merchant
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	John S. Pennington M.D.
Address	98 N. Greene St.
Remarks	

Penalty for Neglect.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2778

To the Office of Registrar of Vital Statistics, Board of Health.

OCT 12 1878

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 12 Children

1. Sex (~~state whether Male or~~ Female)
2. Race or Color (~~if not of the~~ white race)
3. Date of Birth October 4th 1878
4. Place of Birth (Street and Number) 320 North Broadway
5. Full Name of Mother Mary Frances Gourley
6. Mother's Maiden Name Reaver
7. Mother's Birthplace Baltimore
8. Full Name of Father James Gourley
9. Father's Occupation Captain of Steam boat
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo H Traser

Address 18 Augusta Balto Md

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27179

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 6 1878
4. Place of Birth (Street and Number)	54 East E St
5. Full Name of Mother	Mag Boyce
6. Mother's Maiden Name	Mag Bagwell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Sol Boyce
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Matt E Tracy
Address	193 S Chester St
Remarks	Healthy C

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

1027180

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Boy.
2. Race or Color (if not of the white race)	Color
3. Date of Birth	4 October
4. Place of Birth (Street and Number)	No 152 Tyson Street
5. Full Name of Mother	Mr. Maria Gresell
6. Mother's Maiden Name	Joseph
7. Mother's Birthplace	St Mary's County Md.
8. Full Name of Father	Mr. Sandy Gresell
9. Father's Occupation	Carriage Washer
10. Father's Birthplace	St Mary's County Md.
Name of Medical Attendant, or other Person who makes this Return.	Ellen Stubbs
Address	No 142 Eagle Street
Remarks	

Ellen Stubbs

RETURN OF A BIRTH.

27181

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 4th 1878
4. Place of Birth (Street and Number)	No 4 Little Green st
5. Full Name of Mother	Wilhelmine Reusch
6. Mother's Maiden Name	Hoffman
7. Mother's Birthplace	Germany.
8. Full Name of Father	Emil Reusch
9. Father's Occupation	Clerk
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Johnsaner midwife
Address	218 Cross st
Remarks	

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27182

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
14
1878,
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 4 1878
4. Place of Birth (Street and Number)	42 Hamm av
5. Full Name of Mother	Mary E. Frith
6. Mother's Maiden Name	Mary E. Cook
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Albert B. Frith
9. Father's Occupation	Mariner
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	W. B. Noble, M.D.,
Address	17 Hamm av
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27183

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* october 4th 1878
4. *Place of Birth (Street and Number)* vine st No 11
5. *Full Name of Mother* Rachill townsel
6. *Mother's Maiden Name* Rach
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* walker townsel
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address elbow lane 103 mary owen dorrey

Remarks jew

RETURN OF A BIRTH.

2/1814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	october 4 th
4. *Place of Birth (Street and Number)*	170 york st
5. *Full Name of Mother*	dorendia sample
6. *Mother's Maiden Name*	dorendia sample
7. *Mother's Birthplace*	accamack county
8. *Full Name of Father*	eliga cutler
9. *Father's Occupation*	labour
10. *Father's Birthplace*	accamack va
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 papts co all well & healthy child

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27185

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Elizabeth Pendleton Canfield

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether ~~Male~~ or Female)*
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* Oct 4 1878
4. *Place of Birth (Street and Number)* 112 Hanover st
5. *Full Name of Mother* ~~Margaretta~~ Canfield, Margaretta
6. *Mother's Maiden Name* Magt Duff
7. *Mother's Birthplace* Balto md
8. *Full Name of Father* Ira Canfield
9. *Father's Occupation* Jeweller
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. J H Latimer M D

Address 21 Franklin

Remarks CERTIFICATE CORRECTED 8-22-52 Balto

L W

That duty physician, nurse-keeper, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27186

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 5th 1878
4. *Place of Birth (Street and Number)* 157. N Front St
5. *Full Name of Mother* Margaret C. Downey
6. *Mother's Maiden Name* Kelly
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Downey
9. *Father's Occupation* Carter
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Saml J. Bell M.D.

Address 134 N Exeter St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27187

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether Male or Female)* .....
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 5th 1878
4. *Place of Birth (Street and Number)* 98 Ramsay St
5. *Full Name of Mother* Mary Francis Boswell
6. *Mother's Maiden Name* " Hinton
7. *Mother's Birthplace* Balto Md
8. *Full Name of Father* Geo Boswell
9. *Father's Occupation* Plumber & Gas Fitter
10. *Father's Birthplace* Balto Md

Name of Medical Attendant, or other Person who makes this Return Dr. L. Steiner

Address Dr. G. W. Lambert

Remarks .....

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

27188

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5te Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October the 5. 1878
4. *Place of Birth (Street and Number)* S. Breyseder St. No. 173.
5. *Full Name of Mother* Annie Maier
6. *Mother's Maiden Name* Anna Vilemm
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wilhelm Maier
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Krunbach V. Baiern Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Miller

Address N. Baller St. No. 26.

Remarks

27189

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct. 5, 1878
4. Place of Birth (Street and Number)	No 194 S. Bethel st Balto.
5. Full Name of Mother	Clara Floyd
6. Mother's Maiden Name	Clara Hopkins
7. Mother's Birthplace	Virginia
8. Full Name of Father	James Floyd
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Isaac Walker
Address	No 198 S. Bethel st
Remarks	Child in good health

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27190

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th (6)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Fifth October 1878
4. Place of Birth (Street and Number)	24 S. Pennsylvania St
5. Full Name of Mother	Magdaline Edwards
6. Mother's Maiden Name	Magdaline Miller
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	John F. Edwards
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	
Address	Jas. M. Keeney
Remarks	No 803 W. Pratt St

RETURN OF A BIRTH.

27191

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 5th 1878
4. Place of Birth (Street and Number)	No 512 Charles st
5. Full Name of Mother	Mary Stubbons
6. Mother's Maiden Name	Mary Moon
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Stubbons
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 106 West st
Remarks	

RETURN OF A BIRTH.

27192

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* Oct 15th ~~No. 126 South Charles Street.~~
4. *Place of Birth (Street and Number)* No 126 South Charles Street
5. *Full Name of Mother* Mrs Elizabeth Bradley.
6. *Mother's Maiden Name* Elizabeth Carson.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* H. N. Bradley.
9. *Father's Occupation* Expressman.
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Catherine Sulcacke.

Address No. 135 West Batt Street.

Remarks

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27193

RETURN OF A BIRTH.

OCT 16 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3tes Kind

1. *Sex (state whether Male or Female)* Bub
2. *Race or Color (if not of the white race)* Weiß
3. *Date of Birth* geboren den 5ten October
4. *Place of Birth (Street and Number)* No 12 Hoppe Alley
5. *Full Name of Mother* Gothrine Brown
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Heinrich
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Friederike Kaufmann

Address No 204 S. Dulleys Alley

Remarks Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health in relation to the Registration of Births, &c.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27194

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
17
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) First child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Africa
3. *Date of Birth* October 6 th 1878
4. *Place of Birth (Street and Number)* Fedenhall St 54
5. *Full Name of Mother* Julia A Hammon
6. *Mother's Maiden Name* Julia A Johnson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Wiley Hammon
9. *Father's Occupation* Labor
10. *Father's Birthplace* Virginnia

Name of Medical Attendant, or other Person who makes this Return.

Address Julia A Johnson No 212 Wilmot St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27193

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~6~~ 7.
1. Sex (state whether Male or Female)	~~Male~~ Male.
2. Race or Color (if not of the white race)	W White
3. Date of Birth	October 5. 1878
4. Place of Birth (Street and Number)	70 Leadenhall St.
5. Full Name of Mother	Minnie Kraus
6. Mother's Maiden Name	Minnie Smith
7. Mother's Birthplace	Germany.
8. Full Name of Father	John Kraus
9. Father's Occupation	Cooper.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Christian F. Wentz
Address	93 Lawson st.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27196

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 5 October 1878
4. *Place of Birth (Street and Number)* No 16 Britten St
5. *Full Name of Mother* Katie Hieller
6. *Mother's Maiden Name* Sachs
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Hieller
9. *Father's Occupation* Schumacher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 82 E Lombard St

Remarks

Act Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27197

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 7th 5 octo
4. *Place of Birth (Street and Number)* No 99 East Street
5. *Full Name of Mother* Mary William
6. *Mother's Maiden Name* Mary Richerson
7. *Mother's Birthplace* West Virginia
8. *Full Name of Father* Robert William
9. *Father's Occupation* Little Hauler
10. *Father's Birthplace* Western Virginia

Name of Medical Attendant, or other Person who makes this return Boston

Address No 70 Chestnut

Remarks Street Mother and Child doing Well

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27198

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
14
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	the second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	5 Oct
4. Place of Birth (Street and Number)	51 Sate Street
5. Full Name of Mother	Mary Clara Hall
6. Mother's Maiden Name	Mary Clara Green
7. Mother's Birthplace	Fredic Cond, Maryland
8. Full Name of Father	James P Hall
9. Father's Occupation	Wheel Wright
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Chew
Address	10 W Lexington St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27199

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH OCT 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Oct 5th 1878

4. *Place of Birth (Street and Number)* 35 S. Ann st.

5. *Full Name of Mother* Emma Jahn

6. *Mother's Maiden Name* Engelmann

7. *Mother's Birthplace* Norway

8. *Full Name of Father* Otto Jahn

9. *Father's Occupation* Grocer

10. *Father's Birthplace* Norway

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Burkhardt

Address 120 Bank st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other perso in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, ostivity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2200

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth 5th October 1878

4. Place of Birth (Street and Number) 29 North Chapel st

5. Full Name of Mother Matilda Parker

6. Mother's Maiden Name Matilda Lee

7. Mother's Birthplace Baltimore

8. Full Name of Father Henry Lee

9. Father's Occupation Day Worker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. County Nurse

Address 11 North Chapel

Remarks Waiting for Dr. Kunkel

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27201

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	8t
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Okt. 5. 1878
4. Place of Birth (Street and Number)	Dunken Alley No 47
5. Full Name of Mother	Katharina Kneeker
6. Mother's Maiden Name	Hellmuth
7. Mother's Birthplace	Aschbach Prussia
8. Full Name of Father	Johann Kneeker
9. Father's Occupation	Schuhmaker
10. Father's Birthplace	Ebrechheim Baden
Name of Medical Attendant, or other Person who makes this Return.	Wm Johann Raupach
Address	South Wolfstr No 28
Remarks	Ansonyme

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27202

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 9 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 5th 1878
4. Place of Birth (Street and Number)	134 Bank "
5. Full Name of Mother	Florence Beale
6. Mother's Maiden Name	" Duval
7. Mother's Birthplace	Virginia
8. Full Name of Father	Hayward Beale
9. Father's Occupation	Carpenter
10. Father's Birthplace	N. Carolina
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Mansfield
Address	117 S. Broadway
Remarks	

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27203

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 5th 1878
4. *Place of Birth (Street and Number)* Baltimore Cross. St. No. 24
5. *Full Name of Mother* Julia Swartz
6. *Mother's Maiden Name* Pennington
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Bernard Swartz
9. *Father's Occupation* Bar-keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Wm. E. Mitchell

Address No. 140 Conway St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2,72011

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 5th 1878
4. Place of Birth (Street and Number)	Baltimore Parkin st. No. 104
5. Full Name of Mother	Annie Keirl
6. Mother's Maiden Name	" Donnelly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Keirl
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. C. Mitchell
Address	No. 146 Hanover st.
Remarks	

Extract Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27205

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 5th 1878.
4. Place of Birth (Street and Number)	Calhoun st bet Lexington & Saratoga
5. Full Name of Mother	Bettie Williams
6. Mother's Maiden Name	Bettie Busey
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Dr D Williams
9. Father's Occupation	Dentist
10. Father's Birthplace	Alexandria Va
Name of Medical Attendant, or other Person who makes this Return.	Chas A Pennington M.D.
Address	98 N Eutaw st.
Remarks	

27206

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* No 6 octr 1878
4. *Place of Birth (Street and Number)* No 74 East Fleet
5. *Full Name of Mother* Eleanor Harris
6. *Mother's Maiden Name* Eleanor Anderson
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* ~~Eleanor~~ William Harris
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Booth

Address William st No 70

Remarks Recent Case

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27207

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 7 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 6. 1878.
4. *Place of Birth (Street and Number)* Burgundy Street 128.
5. *Full Name of Mother* Mary L Strohman
6. *Mother's Maiden Name* Mary L Otto
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Edward F Strohman
9. *Father's Occupation* Labor
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dorothea Brune.

Address 117 Battery Av.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27208

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. OCT 15 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	6th of October 1878.
4. Place of Birth (Street and Number)	No 120 Portland St.
5. Full Name of Mother	Cha Elis Reinhold.
6. Mother's Maiden Name	Catharina E. Schubert.
7. Mother's Birthplace	Germany
8. Full Name of Father	Conrad Reinhold.
9. Father's Occupation	Shoemaker.
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr Reinhard.
Address	Fayette & Eutaw Sts
Remarks	May the blessings of the Lord rest upon them

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27209

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 9th

1. Sex (*state whether Male or Female*) Boy.
2. Race or Color (*if not of the white race*) White
3. Date of Birth 6th October 1878
4. Place of Birth (*Street and Number*) 245 Pennsylvania Avenue
5. Full Name of Mother Johannah Grauer
6. Mother's Maiden Name Johannah Romiller
7. Mother's Birthplace Germany
8. Full Name of Father Otto Grauer
9. Father's Occupation Tobacconist
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Midwife Theusia Engeldinger

Address 14 Union st

Remarks

Medical Practitioners of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27210

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~ &c.) 2d

1. Sex (state whether Male or ~~Female~~) White

2. Race or Color (if not of the white race)

3. Date of Birth Oct 6th 1878

4. Place of Birth (Street and Number) 79 N. Schroeder st

5. ~~Full Name of Mother~~ Mary Jordan Branning Brooks

6. Mother's Maiden Name "

7. Mother's Birthplace Balto city

8. Full Name of ~~Father~~ Jordan Amos Branning

9. Father's Occupation Painter Mechanic

10. Father's Birthplace Balto city

Name of Medical Attendant, or other Person who makes this Return. H. L. Spicer M.D.

Address 372 W. Lombard st

Remarks

27211

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH
OCT 31
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Oct 6th 1878

4. *Place of Birth (Street and Number)* 954 Caroline st.

5. *Full Name of Mother* Mary Lizzie Hoskins

6. *Mother's Maiden Name* " " Rast

7. *Mother's Birthplace* Md

8. *Full Name of Father* George Hoskins

9. *Father's Occupation* Saloon

10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchanan

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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27212

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex (state whether Male or Female)* Girle
2. *Race or Color (if not of the white race)* Weiße
3. *Date of Birth* 6 Oktober
4. *Place of Birth (Street and Number)* 74 Johns Thern Stret
5. *Full Name of Mother* Agnes Tirrich
6. *Mother's Maiden Name* Timm
7. *Mother's Birthplace* Grevesen Germany
8. *Full Name of Father* Andreas Timm
9. *Father's Occupation* — — —
10. *Father's Birthplace* Lubiszin

Name of Medical Attendant, or other Person who makes this return Marie Güttner

Address 10 Gr Stret 245

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27213

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct. 6, 1878
4. Place of Birth (Street and Number)	N. E. Bounty Lane Balto.
5. Full Name of Mother	Charlotte Taylor
6. Mother's Maiden Name	Charlotte Taylor
7. Mother's Birthplace	Harford Co. Md.
8. Full Name of Father	No account
9. Father's Occupation	No account
10. Father's Birthplace	No account
Name of Medical Attendant, or other Person who makes this Return.	Jas. Walker
Address	No 128 E. Hamburg St
Remarks	Child in good health

rect Record of Vital Statistics in the City of Baltimore.

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27214

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th,

1. *Sex (state whether Male or Female)* Male,
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 5th 1878
4. *Place of Birth (Street and Number)* c/o 50 Warren Avenue,
5. *Full Name of Mother* Mary E. Sessions,
6. *Mother's Maiden Name* Mary E. White,
7. *Mother's Birthplace* Baltimore, Md
8. *Full Name of Father* William P. D. Sessions,
9. *Father's Occupation* Fish Dealer,
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this return John Morris, M.D.

Address c/o 5th Franklin St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27215

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 8 1878
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 6th 1878
4. Place of Birth (Street and Number)	357 Mulberry st
5. Full Name of Mother	Delia Blandford
6. Mother's Maiden Name	Delia Wells
7. Mother's Birthplace	Charles Co Md
8. Full Name of Father	Wm H Blandford
9. Father's Occupation	Commission Merchant
10. Father's Birthplace	Charles Co Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

RETURN OF A BIRTH.

27216

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether Male or Female) Boy White

2. Race or Color (if not of the white race)

3. Date of Birth 6 Sept 78

4. Place of Birth (Street and Number) Baltimore Lemmon & Co

5. Full Name of Mother A [illegible]

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Germany

8. Full Name of Father [illegible]

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dr Curtis

Address

Remarks 6 Sept Born at 6 A

Partial Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2721

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male, Alexander Contee Worthington Jr.
2. Race or Color (if not of the white race) White
3. Date of Birth October 6th 1878
4. Place of Birth (Street and Number) N 517 N Fayette St
5. Full Name of Mother Evaline Isabel Worthington
6. Mother's Maiden Name Evaline Isabel Love
7. Mother's Birthplace Baltimore
8. Full Name of Father Alexander Contee Worthington
9. Father's Occupation Bill Broker
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. H Whatton M D

Address 1114 Park ave

Remarks Full name of child added by mother upon applying for a transcript Evelyn Worthington Hart

Father

RETURN OF A BIRTH.

27218

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. OCT 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child
1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* october 6 1878
4. *Place of Birth (Street and Number)* 17 post ally
5. *Full Name of Mother* lenna miller
6. *Mother's Maiden Name* lenna horse
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* george miller
9. *Father's Occupation* laborer
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Packey mc gaze M.D.
Address 439 alice anna st
Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 6th 1878
4. Place of Birth (Street and Number)	Baltimore Hearett St No 4
5. Full Name of Mother	Mary Benson
6. Mother's Maiden Name	" McCoy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Benson
9. Father's Occupation	Jobber
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	M. W. G. Mitchell
Address	No 140 Ramsay St
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27220

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forth.
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	6th October 1878.
4. Place of Birth (Street and Number)	22 Scott St.
5. Full Name of Mother	Minnie Krasner
6. Mother's Maiden Name	Fisch
7. Mother's Birthplace	Kew-Hessen Germany
8. Full Name of Father	Anthony Krasner
9. Father's Occupation	Police (Southern District)
10. Father's Birthplace	Washington D.C.
Name of Medical Attendant, or other Person who makes this Return.	Mark Kerr
Address	328 South Eutaw St
Remarks	

27221

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th "

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* "
3. *Date of Birth* 6th October
4. *Place of Birth (Street and Number)* 73 Hyatt St.
5. *Full Name of Mother* Maggie Henicke
6. *Mother's Maiden Name* Emerich
7. *Mother's Birthplace* Bavaria Germany
8. *Full Name of Father* Bernard Steinecke
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Sachsen Germany

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 325 South Eutaw St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27222

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	C
3. Date of Birth	6th October 1878.
4. Place of Birth (Street and Number)	336 Hamburg st
5. Full Name of Mother	Maggie Ebeline
6. Mother's Maiden Name	" Altstaeter
7. Mother's Birthplace	Bavaria
8. Full Name of Father	Michael Ebeline
9. Father's Occupation	Porter
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Roth
Address	328 South Eutaw St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27223

HEALTH DEPT. NOV 2 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Oct 6th 1876.
4. Place of Birth (Street and Number)	No 357 Central Ave.
5. Full Name of Mother	Josephine Swanson.
6. Mother's Maiden Name	Josephine Krieger.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fredrick Swanson.
9. Father's Occupation	Peter.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Lena Hillegeist.
Address	182 Swanson St.
Remarks	

RETURN OF A BIRTH.

272211

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 67 Cross St Baltimore
4. *Place of Birth (Street and Number)* October 18. 1878
5. *Full Name of Mother* Margret Williamson
6. *Mother's Maiden Name* Margret Lawson
7. *Mother's Birthplace* Princess Ann Somerset County Md
8. *Full Name of Father* William Williamson
9. *Father's Occupation* Boatsman
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

27225

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 7
4. Place of Birth (Street and Number)	82 N Paca St
5. Full Name of Mother	Mary B Sweringen
6. Mother's Maiden Name	" Cusick
7. Mother's Birthplace	Washington D C
8. Full Name of Father	Wm O Sweringen
9. Father's Occupation	Tobacco Merchant
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	W Perkins M D
Address	84 Mulberry St
Remarks	

27226

RETURN OF A BIRTH.

OCT 16 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 7 — 1878
4. *Place of Birth (Street and Number)* 302 S. Caroline St.
5. *Full Name of Mother* Kate Schuette Klehm
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Germany
8. *Full Name of Father* August Schuette
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gerhard Miller

Address 151 E. Pratt St

Remarks

Extract Regulations of the Board of Health of Baltimore, passed June [illegible]

Extract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27227

THE HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 7th October
4. Place of Birth (Street and Number) 2818 Charles St
5. Full Name of Mother Augusta Graefe
6. Mother's Maiden Name Augusta Feilzotman
7. Mother's Birthplace Baltimore "
8. Full Name of Father Herman Graefe "
9. Father's Occupation Cabinet Maker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Muench

Address 198 Leadenhall St

Remarks

27228

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 13 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 then

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 7th. 1878
4. *Place of Birth (Street and Number)* Caroline Court no 1.
5. *Full Name of Mother* Annie Levy
6. *Mother's Maiden Name* Jaffe Levy
7. *Mother's Birthplace* Russia
8. *Full Name of Father* Lazarus Levy
9. *Father's Occupation* Rider
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this return Caccilia Bernita

Address 113. E. Lombard street

Remarks none

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, patrivity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27229

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth 7 October 1878
4. Place of Birth (Street and Number) № 15 Carolina St
5. Full Name of Mother Carolina Weber
6. Mother's Maiden Name Schneider
7. Mother's Birthplace Germany
8. Full Name of Father Luis Weber
9. Father's Occupation Schumacher
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Caspes
Address 52 E. Lombard St
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27230

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether Male or Female)* M
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October 7. 1878.
4. *Place of Birth (Street and Number)* 6 Horn St.
5. *Full Name of Mother* Maud Douglas.
6. *Mother's Maiden Name* Indek.
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* James Douglas.
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. L. C. Gordon, M. D.

Address 311 N. Broadway.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27931

RETURN OF A BIRTH.

OCT 30 878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* this is A male child
2. *Race or Color (if not of the white race)* colerd
3. *Date of Birth* A friday the 4th octtober
4. *Place of Birth (Street and Number)* little monument st near 26
5. *Full Name of Mother* mary cotter deler williams
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Frazier williams
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return mrs Koorke

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27232

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 7th 1878
4. Place of Birth (Street and Number)	55 S. Exeter St.
5. Full Name of Mother	Mary Hurley Lusby
6. Mother's Maiden Name	Gifford
7. Mother's Birthplace	Md.
8. Full Name of Father	Benjamin Franklin Lusby
9. Father's Occupation	Clerk
10. Father's Birthplace	Md.
Name of Medical Attendant, or other Person who makes this Return.	E. F. Ivens M.D.
Address	406 E. Balto. St.
Remarks	

27233

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 8 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Caucasian
3. Date of Birth Oct. 7th 1878
4. Place of Birth (Street and Number) Maternity Hospital. 163 N Londonst
5. Full Name of Mother Amelia Fiedler
6. Mother's Maiden Name " "
7. Mother's Birthplace Baltimore
8. Full Name of Father Unknown
9. Father's Occupation "
10. Father's Birthplace "
Name of Medical Attendant, or other Person who makes this Return. David Streett M.D. Residence 145
Address Maternity Hospital — 163 N Londonst
Remarks Mother and child doing as well as could be Expected.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27234

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 u
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	22 Oct 1878
4. *Place of Birth (Street and Number)*	1304 E. Oliver st.
5. *Full Name of Mother*	Rebecca Rosenheim
6. *Mother's Maiden Name*	Rebecca Frank
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Gustave Rosenheim
9. *Father's Occupation*	Tinner
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Edward Wall
Address	1304 E. Oliver
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27935

HEALTH DEPARTMENT
OCT
8
1878
BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 7 1878
4. *Place of Birth (Street and Number)* 1 E. Cherry Alley
5. *Full Name of Mother* Rosa Marden
6. *Mother's Maiden Name* Rosa Rogers
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrick Marden
9. *Father's Occupation* Rags Peler
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Maria Ruliger

Address 134 E. Bond Str

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27236

OCT 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child Born Living

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 7th October 1878

4. Place of Birth (Street and Number) Baltimore Maryland 40

5. Full Name of Mother Mary

6. Mother's Maiden Name Fleming

7. Mother's Birthplace Ireland

8. Full Name of Father Felix Fleming

9. Father's Occupation Shoemaker

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return.

Address 7 Hanover

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27937

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Oct 7th
4. *Place of Birth (Street and Number)* Baltimore 168 Warner Street
5. *Full Name of Mother* Rebacca Reed
6. *Mother's Maiden Name* White
7. *Mother's Birthplace* Perry Co Penn Carl County
8. *Full Name of Father* Parry Reed
9. *Father's Occupation* Hoorter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Ameline Wilson
Address 284 Cross st
Remarks

Penal Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

272.38

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October 9th
4. *Place of Birth (Street and Number)* 165 Shroeder st.
5. *Full Name of Mother* Louisa Waldkonig
6. *Mother's Maiden Name* Gundlach
7. *Mother's Birthplace* Kur-Hessen Germany
8. *Full Name of Father* Christian Waldkonig
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Mary Roth

Address 328 South Eutaw St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27239

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1915 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	october 8 th
4. *Place of Birth (Street and Number)*	207 Fremont St
5. *Full Name of Mother*	robnet turner
6. *Mother's Maiden Name*	robnet banks
7. *Mother's Birthplace*	acamack va
8. *Full Name of Father*	wilson turner
9. *Father's Occupation*	laborer
10. *Father's Birthplace*	richmond va
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	
Remarks	no 4 parts convenient full thy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Free Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27214-0

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY. 1878

HEALTH DEPARTMENT OCT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	8 of October
4. *Place of Birth (Street and Number)*	Baltimore Ridgely st. No 172
5. *Full Name of Mother*	Elisabeth Bell
6. *Mother's Maiden Name*	Elisabeth Dickson
7. *Mother's Birthplace*	Frederick County
8. *Full Name of Father*	Edward C. Bell
9. *Father's Occupation*	Seaborn
10. *Father's Birthplace*	Frederick County
Name of Medical Attendant, or other Person who makes this return	Mrs. M. Shaffer
Address	No 418 South Exeter Stad
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Fee Recorded by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27241

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8
4. *Place of Birth (Street and Number)* Poppleton St 91
5. *Full Name of Mother* Jane Persennet
6. *Mother's Maiden Name* Jane Widdoes
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Persennet
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer

Address 136 McHenery St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27242

HEALTH DEPARTMENT OCT 12 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October th 8
4. *Place of Birth (Street and Number)* Poppleton St 101
5. *Full Name of Mother* Margarett Jane Nice
6. *Mother's Maiden Name* Margaret Jane Sullivan
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* George Nice
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Mercer
Address McHenery St 136
Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27243

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second 1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	228 Saratoga st.
4. Place of Birth (Street and Number)	5 October 78.
5. Full Name of Mother	Henrietta Hilmann
6. Mother's Maiden Name	Schroepel
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Louis Hilmann
9. Father's Occupation	Salesman
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Mary Kirk
Address	328 S. Eutaw St.
Remarks	

RETURN OF A BIRTH.

272414

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Son 2
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	October 8th 1878
4. *Place of Birth (Street and Number)*	179 S. Charles St.
5. *Full Name of Mother*	Mollie Massey Whittaker
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Scotland
8. *Full Name of Father*	Jas. Massey
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace*	Scotland
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Barre Sts
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27245

RETURN OF A BIRTH.

HEALTH DEPT. OCT 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mi second

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* October the 5
4. *Place of Birth (Street and Number)* 30 Morse Alley
5. *Full Name of Mother* Virginnio Williams
6. *Mother's Maiden Name* Virginnio Hammond
7. *Mother's Birthplace* Carroll County md
8. *Full Name of Father* ephram Williams
9. *Father's Occupation* Mailer
10. *Father's Birthplace* Sarlon Virginnio

Name of Medical Attendant, or other Person who makes this Return. Sarah Farrall

Address No 274 South howard Street

Remarks

Penalty for neglect. *The Board of Health is authorized by ordinance to enforce a penalty of $20 against any person who shall neglect or refuse to make a correct Return of Vital Statistics in the City of Baltimore.*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27246

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	8th of October
4. Place of Birth (Street and Number)	218 Eastern st
5. Full Name of Mother	Ellen Evans
6. Mother's Maiden Name	" Hines
7. Mother's Birthplace	Howard County
8. Full Name of Father	Isaac Evans
9. Father's Occupation	Stevedore
10. Father's Birthplace	Somerset County
Name of Medical Attendant, or other Person who makes this Return.	Willy A Baker
Address	No 16 Eastern st
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October the 8th 1878
4. Place of Birth (Street and Number)	243 Warburg St
5. Full Name of Mother	Mary Klebe
6. Mother's Maiden Name	Do Do
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	George Taylor
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Katherine Wilson
Address	18 Lombard West
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27218

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 8th
4. Place of Birth (Street and Number)	108. Cookie Street
5. Full Name of Mother	Sarah E. Chandler
6. Mother's Maiden Name	S. E. Chandler
7. Mother's Birthplace	Virginia
8. Full Name of Father	James L. Chandler
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return	Margaret Etc
Address	Cubic Street
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

272149

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 8
4. Place of Birth (Street and Number)	3 Hollen
5. Full Name of Mother	Catharine Grady
6. Mother's Maiden Name	Burk
7. Mother's Birthplace	Ireland
8. Full Name of Father	Wm Grady
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Schnemer
Address	No 7 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

29250

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 8th 1878
4. Place of Birth (Street and Number)	Baltimore Parkin st No 116
5. Full Name of Mother	Lizzie Mc. Carthney
6. Mother's Maiden Name	Russle
7. Mother's Birthplace	Washington
8. Full Name of Father	John Mc. Carthney
9. Father's Occupation	Carpenter
10. Father's Birthplace	Frederick
Name of Medical Attendant, or other Person who makes this Return.	Mrs C. Mitchell
Address	No 140 Ramsay st.
Remarks	

Extract Regulations of the Board of Health to which your attention is directed.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27251

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 13 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Female 5th

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race) Colored

3. Date of Birth Oct 8th 1878

4. Place of Birth (Street and Number) 163 Sarah and St

5. Full Name of Mother Susan Jane Scott

6. Mother's Maiden Name Susan Jane Jefferson

7. Mother's Birthplace Petersburg Va

8. Full Name of Father Richard Thomas Jefferson

9 Father's Occupation Drayman

10. Father's Birthplace Petersburg

Name of Medical Attendant, or other Person who makes this Return. Jane Baker

Address Midwife 64 Eden Alley

Remarks

ract Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

2725-2

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	October 8th 1878
4. Place of Birth (Street and Number)	Mecanry St nr. Payson St.
5. Full Name of Mother	
6. Mother's Maiden Name	Maria Hausner
7. Mother's Birthplace	Montgomery Township Pennsylvania
8. Full Name of Father	Geo. Sauer.
9. Father's Occupation	Tailor.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss A. Lindner.
Address	No 75 Monroe St.
Remarks	

RETURN OF A BIRTH.

27253

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 9 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 8th 1878
4. Place of Birth (Street and Number)	No 277 Sharp st
5. Full Name of Mother	Elise Krübeling
6. Mother's Maiden Name	Liebel
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Krübling
9. Father's Occupation	Farmer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Lohrasser midwife
Address	213 Cross st.
Remarks	

of Vital Statistics in the City of Baltimore.

physician, accoucheur, midwife, or other person in charge, who shall attend, assist or birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, days thereafter, stating distinctly the date of birth, sex, and color of the child or children or their physical condition, whether still born or not, the full name, nativity, and residence parents, and the maiden name of the mother of such child or children.

27234

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 1
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 8 of Oct
4. *Place of Birth (Street and Number)* 1132 E Gay St
5. *Full Name of Mother* Rachel Miller
6. *Mother's Maiden Name* Rachel Goldman
7. *Mother's Birthplace* St Russia
8. *Full Name of Father* S Goldman
9. *Father's Occupation* Notions Store
10. *Father's Birthplace* Russia

Name of Medical Attendant, or other Person who makes this Return.
Address 1165 Saint Baltimore, 15th
Remarks W 173 Hafford

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27233

HEALTH DEPART. OCT 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth*
4. *Place of Birth (Street and Number)*
5. *Full Name of Mother*
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27256

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Mar. 8 1878
4. *Place of Birth (Street and Number)* 115 w Baltimore st.
5. *Full Name of Mother* Mari Mollein
6. *Mother's Maiden Name* Marie Frank
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Friedrich Mollein
9. *Father's Occupation* Porter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie L. Kudiac
Address 134 s Bond str.
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27237

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 9th 1878
4. *Place of Birth (Street and Number)* No 4 Circle Alley
5. *Full Name of Mother* Georgeania Ward
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Accomac County Va
8. *Full Name of Father* Not Known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 1 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Legal Requirements of the Board of Health of Baltimore, in regard to the correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27258

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 8 of October
4. *Place of Birth (Street and Number)* So Pratt Arlington Avenue
5. *Full Name of Mother* Eliza Tyson
6. *Mother's Maiden Name* Eliza Coyhlan
7. *Mother's Birthplace* Tirlin Ireland
8. *Full Name of Father* Michael Tyson
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Carlow Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs ~~Long Fenwick~~

Address Above Lumber & Schools

Remarks

27259

RETURN OF A BIRTH.

HEALTH DEPARTMENT OF BALTIMORE
OCT 12 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 9 1878
4. Place of Birth (Street and Number)	Miller St No 1
5. Full Name of Mother	Emma Mc Newiler
6. Mother's Maiden Name	Emma Mc Brown
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	John C Newiller
9. Father's Occupation	Paver
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Amanda Manre
Address	378 East Monument St
Remarks	

rrect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27259 1/2

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE OCT 15 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	9th of Oct. 1878
4. Place of Birth (Street and Number)	No. 221 Hanover St.
5. Full Name of Mother	Louisa Wehage
6. Mother's Maiden Name	Louisa Winthers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Wehage
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Sabina Grishaber
Address	No. 128 West St. Baltimore Md.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27960

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9th of Oct 1878
4. *Place of Birth (Street and Number)* No 37 Amity Street
5. *Full Name of Mother* Mary Jr. Wagner
6. *Mother's Maiden Name* Mary Jr.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Jr. Wagner.
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Shallenberger

Address No 458 West Pratt Street,

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27261

RETURN OF A BIRTH.

OCT 16 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Oct. 9 d 1878
4. *Place of Birth (Street and Number)* 134 Lost st
5. *Full Name of Mother* Wilhelmine Laudenschlager
6. *Mother's Maiden Name* Wilhelmine Bauer
7. *Mother's Birthplace* Baltimor
8. *Full Name of Father* Jakob Laudenschlager
9. *Father's Occupation* Kalsonder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie Rudiger

Address 134 S. Bond str.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21262

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 9 1878
4. Place of Birth (Street and Number)	No 2 Miller St
5. Full Name of Mother	Ada E Amoss
6. Mother's Maiden Name	Ada E Hanson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Amoss
9. Father's Occupation	Cap Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 N Donogh St
Remarks	

rrect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27263

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8 Oct
4. Place of Birth (Street and Number)	Cor North and Eager St
5. Full Name of Mother	Janet Henderson
6. Mother's Maiden Name	Mc Pherson
7. Mother's Birthplace	Cremo Scotland
8. Full Name of Father	James Henderson
9. Father's Occupation	Dyer
10. Father's Birthplace	Glasgow Scotland
Name of Medical Attendant, or other Person who makes this Return.	Ursula V. Chrissmer
Address	No 7 Forest Place
Remarks	Geno Scotland

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27211

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 7th 1878
4. Place of Birth (Street and Number)	No 274 Sharp st
5. Full Name of Mother	Elise Jacopper
6. Mother's Maiden Name	Brauer
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Jacopper
9. Father's Occupation	Baker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr Lochwasser midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27265

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	October 8 1878
4. Place of Birth (Street and Number)	No 227 Eden St
5. Full Name of Mother	Alice Hoey
6. Mother's Maiden Name	Alice Biddison
7. Mother's Birthplace	Baltimore Co.
8. Full Name of Father	Harry J Hoey
9. Father's Occupation	Farmer
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	284 McDonough st
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27266

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9th Oct. 1878
4. *Place of Birth (Street and Number)* No 248 S. Bond St
5. *Full Name of Mother* Teresia Merzl
6. *Mother's Maiden Name* Teresia Turek
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Jacob Merzl
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27267

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	1st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 9th 1878
4. Place of Birth (Street and Number)	785 Charles St.
5. Full Name of Mother	Agnes Jane Taylor
6. Mother's Maiden Name	McCardell
7. Mother's Birthplace	City
8. Full Name of Father	Wally Parker Taylor
9. Father's Occupation	Can maker
10. Father's Birthplace	Phila Pa.
Name of Medical Attendant, or other Person who makes this Return.	C. P. Ross M.D.
Address	406 E. Balto. St.
Remarks	

RETURN OF A BIRTH.

27268

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 9.

1. Sex (state whether Male or Female) Semple
2. Race or Color (if not of the white race) Color
3. Date of Birth Oct the 9. 18. 78.
4. Place of Birth (Street and Number) 17. Nos St. Baltimore
5. Full Name of Mother Lied Wilson
6. Mother's Maiden Name Lied Bloth
7. Mother's Birthplace Wes Virginia
8. Full Name of Father W. M. Bloth
9. Father's Occupation Waiter
10. Father's Birthplace Wes Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mar. E. Chem

Address No. 94 Aylon St Baltimore

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27269

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 10 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 October
4. *Place of Birth (Street and Number)* 244 Wolfe Street
5. *Full Name of Mother* Marie Poirent
6. *Mother's Maiden Name* Bejme
7. *Mother's Birthplace* Aubeen Germany
8. *Full Name of Father* Jadan Bejme
9. *Father's Occupation*
10. *Father's Birthplace* Gansacua

Name of Medical Attendant, or other Person who makes this return Mons Gültner

Address Wolfe Street 245

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Blank Registrations by the Sanitary Inspectors will be received at the Office of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27270

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 9th 1878
4. Place of Birth (Street and Number)	537 Franklin
5. Full Name of Mother	Mary E. Dyer
6. Mother's Maiden Name	Mary E. French
7. Mother's Birthplace	Penn.
8. Full Name of Father	Daniel Dyer
9. Father's Occupation	Tobacco Inspector
10. Father's Birthplace	Penna.
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

Extract from Regulations of the Board of Health in force at the time of the Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27271

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. OCT 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 0 1878
4. *Place of Birth (Street and Number)* Corr. Kastle & Chuth St.
5. *Full Name of Mother* Sophia Friedrig
6. *Mother's Maiden Name* Sophia Kingle
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Carl Friedrig
9. *Father's Occupation* Butcher
10. *Father's Birthplace* German

Name of Medical Attendant, or other Person who makes this Return. Mar. Kuhlgan

Address 134 S Bonst.

Remarks

Correct Registration by the Board of Health to secure a Certificate.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

OCT 14 1878

Charles S. Wack

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Octor 9 d 1878
4. *Place of Birth (Street and Number)* 124 Mulberry (Hamilton's)
5. *Full Name of Mother* Philippine Wack
6. *Mother's Maiden Name* Phieb Ikers
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Victor Wack
9. *Father's Occupation* Kubender
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. M. K. Rudisill

Address 134 N. Bond str.

Remarks

Extract from Regulations of the Board of Health to secure a correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27273

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October 9th 1878
4. *Place of Birth (Street and Number)* No 244 Saratoga St.
5. *Full Name of Mother* Catharine Bross
6. *Mother's Maiden Name* Catherine Kraft.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Edward Bross
9. *Father's Occupation* Lithographer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Kunneberger

Address No 23 N. Liberty St

Remarks

Under Regulations by the Board of Health to receive a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27274

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 9th 1878
4. *Place of Birth (Street and Number)* 88 Elbow Lane
5. *Full Name of Mother* Emeline Hardy
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Not Known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address 71 Burgundy Alley

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27275

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Oct. 11th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 11th 78
4. *Place of Birth (Street and Number)* 209 Gough Street
5. *Full Name of Mother* Katie Blessing
6. *Mother's Maiden Name* Katie Smith
7. *Mother's Birthplace* America
8. *Full Name of Father* Hardman Blessing
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Amend

Address 57 South Wolfe Street

Remarks [illegible]

Extract Regulations of the Board of Health to secure a prompt and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27276

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct 10th 1878

4. Place of Birth (Street and Number) 106 N. Central Avenue

5. Full Name of Mother Mary Louisa Sauer

6. Mother's Maiden Name Warnicke

7. Mother's Birthplace Balto Md.

8. Full Name of Father F. H. Sauer

9. Father's Occupation Physician

10. Father's Birthplace Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. Francis H. Sauer M.D.

Address 106 N. Central Avenue

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27277

HEALTH DEPT OCT 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child af Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if nat af the white race)* White
3. *Date of Birth* 10 October
4. *Place af Birth (Street and Number)* 321 Harford Ave
5. *Full Name af Mother* Mary Schneider
6. *Mother's Maiden Name* Jeser
7. *Mother's Birthplace* Baltimore
8. *Full Name af Father* Jakob Schneider
9. *Father's Occupatian*
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address 710 Gramby St

Remarks

RETURN OF A BIRTH.

21278

HEALTH DEP
OCT
16
1878
MORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female healthe
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* born on the 10 of Oct. 1878
4. *Place of Birth (Street and Number)* 195 Fidelich st.
5. *Full Name of Mother* Mrs. Mary
6. *Mother's Maiden Name* Maggie Stolle
7. *Mother's Birthplace* born in Wirtenberg Germany
8. *Full Name of Father* Ch. Willy
9. *Father's Occupation* Beer Brewer
10. *Father's Birthplace* Wirtenberg Germany

Name of Medical Attendant, or other Person who makes this return Miss Killer

Address 57 Smallwood st.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27279

HEALTH DEPARTMENT OCT 18 1878 IMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	October 10 - 1878
4. Place of Birth (Street and Number)	N. 317 N Y Ave
5. Full Name of Mother	Sarah E Taylor
6. Mother's Maiden Name	Sarah E Baker
7. Mother's Birthplace	Baltimore Co
8. Full Name of Father	Thos John H Taylor
9. Father's Occupation	Harnessmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary A Attwell
Address	286 N Donogh st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27280

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	11 October 1878
4. Place of Birth (Street and Number)	No 73 Bank St
5. Full Name of Mother	Sara Harten
6. Mother's Maiden Name	Offerd
7. Mother's Birthplace	U S
8. Full Name of Father	James Harten
9. Father's Occupation	Sailor
10. Father's Birthplace	U S
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Casser
Address	52 E Lombard St
Remarks	

27281

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 10 th 1878
4. *Place of Birth (Street and Number)* No 630 Light st
5. *Full Name of Mother* Cathrin Wroten
6. *Mother's Maiden Name* Sokes
7. *Mother's Birthplace* America
8. *Full Name of Father* William Wroten
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. J. Lohrgasser midwife

Address 213 Cross st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27282

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 10th 1878
4. *Place of Birth (Street and Number)* #825 W. Pratt St
5. *Full Name of Mother* Johanna Kaufman
6. *Mother's Maiden Name* " Aves
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Heinrich Kaufman
9. *Father's Occupation* Cabinet Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Annie Wagendall

Address 202 Pulaski St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27283

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Boy Male.
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	10th Oct 1878
4. *Place of Birth (Street and Number)*	1417 Bond st
5. *Full Name of Mother*	Margaret M. Cummins
6. *Mother's Maiden Name*	Margaret Mc Cummins
7. *Mother's Birthplace*	London England
8. *Full Name of Father*	Robt K. Cummins
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Saml McClean
Address	21 N. Caroline
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

272811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Sabbath Nov
4. *Place of Birth (Street and Number)*	10th & Oct. 1875.
5. *Full Name of Mother*	Annie Summers
6. *Mother's Maiden Name*	Annie Graff
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Graff
9. *Father's Occupation*	Cooper
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mary Walter
Address	125 N Eden St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 11-13-56

RETURN OF A BIRTH.

27285

HEALTH DEPARTMENT OCT 12 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Grace F. Shaffer

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 10th 1878
4. Place of Birth (Street and Number)	28 Jackson Sqr. Bet.
5. Full Name of Mother	Francis Virginia Shaffer
6. Mother's Maiden Name	Boston
7. Mother's Birthplace	City
8. Full Name of Father	Charles Clark Shaffer
9. Father's Occupation	Clerk
10. Father's Birthplace	City
Name of Medical Attendant, or other Person who makes this Return.	E. P. Burns M.D.
Address	406 E. Balto. St.
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27286

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 14 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	(Colored)
3. Date of Birth	Oct 10th 1878
4. Place of Birth (Street and Number)	132 N Eden St
5. Full Name of Mother	Matilda C. Spanish
6. Mother's Maiden Name	Matilda C. Gibbs
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm H. Cornish
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Saml D. Powell M.D.
Address	No 29 Aisquith St Balto
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

97287

HEALTH DEPT. OCT 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 10. 1878
4. *Place of Birth (Street and Number)* S. Schroeder Str. No. 21
5. *Full Name of Mother* Johanna Bother
6. *Mother's Maiden Name* Decker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Bother
9. *Father's Occupation* Schuhmaker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Mrs. Johanna Rauprich

Address S. Wolfstr No 28

Remarks Mr. Dr. Jo

RETURN OF A BIRTH.

27288
27289

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Twins 1th and 8th
1. Sex (state whether Male or Female)	Males
2. Race or Color (if not of the white race)	
3. Date of Birth	10th of October
4. Place of Birth (Street and Number)	173 Columbia ave
5. Full Name of Mother	Bertha Mary Amanda Starkey
6. Mother's Maiden Name	Bertha " " Schmidt
7. Mother's Birthplace	Lippedetmolt Germany
8. Full Name of Father	Charles Ernst August Starkey
9. Father's Occupation	Cabinet-maker
10. Father's Birthplace	Lippedetmolt
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dunmire
Address	61 E Lombard
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27290

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d "
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Oct 10th 1878.
4. Place of Birth (Street and Number)	No 3. Federal St.
5. Full Name of Mother	Rosine Buskey.
6. Mother's Maiden Name	Rosine Schleyer
7. Mother's Birthplace	Germany
8. Full Name of Father	John Buskey.
9. Father's Occupation	Car driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Henr Hilleyest.
Address	No 181 E Monument St.
Remarks	

RETURN OF A BIRTH.

27291

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Col.
3. Date of Birth	October 10th 1878
4. Place of Birth (Street and Number)	21 N. Durham
5. Full Name of Mother	Eliza E. Williams
6. Mother's Maiden Name	E. Wilson
7. Mother's Birthplace	Balto. City
8. Full Name of Father	George T. Williams
9. Father's Occupation	Waiter
10. Father's Birthplace	Fauquier Co. Va.
Name of Medical Attendant, or other Person who makes this Return.	[illegible]
Address	[illegible]
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27292

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 10th 78
4. Place of Birth (Street and Number)	234 Eutaw St
5. Full Name of Mother	Berlina Kelly
6. Mother's Maiden Name	Kuhl
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Kelly
9. Father's Occupation	Glass Blower
10. Father's Birthplace	Portland
Name of Medical Attendant, or other Person who makes this Return.	Mary Roth
Address	321 South Eutaw St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27293

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 11th 1878
4. Place of Birth (Street and Number)	Ins Baltimore. No 72 North Gay St
5. Full Name of Mother	Elanorah Ebenpack
6. Mother's Maiden Name	Elanorah Hoffman
7. Mother's Birthplace	St Clairsville Bedford Co. Pa.
8. Full Name of Father	Christoph Ebenpack
9. Father's Occupation	Tailor
10. Father's Birthplace	Poppendorf in Germany
Name of Medical Attendant, or other Person who makes this Return.	Lewis Ernst Zahn
Address	No 26 N Eutaw St
Remarks	

Baltimore Md

RETURN OF A BIRTH.

272914

HEALTH DEPT. OCT 15 1879 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 11 1879
4. *Place of Birth (Street and Number)* South Pard St no 262
5. *Full Name of Mother* L L meredith
6. *Mother's Maiden Name* L L Chew
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Meredith
9. *Father's Occupation* grain measer
10. *Father's Birthplace* Quinc Quinn County

Name of Medical Attendant, or other Person who makes this Return. Sarah Ludwell

Address South Pard St no 274

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27295

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY:

HEALTH DEPARTMENT
NOV 19 1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Female 11th

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 31 1878
4. *Place of Birth (Street and Number)* 4 Lamport ct
5. *Full Name of Mother* amelia Wyllie
6. *Mother's Maiden Name* amelia Mathues
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Samuel Wallace
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Jane Roper

Address Baltimore City

Remarks

vert Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27296

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th October 1878
4. *Place of Birth (Street and Number)* 154 Jasper st
5. *Full Name of Mother* Lisi Schewes
6. *Mother's Maiden Name* Lisi Lilz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Heinrich Schewes
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* France

Name of Medical Attendant, or other Person who makes this Return. Midwife Theresia Eigelsinger

Address No 18 Union st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27297

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	the 2 d child.
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	white child
3. Date of Birth	11th October 1878
4. Place of Birth (Street and Number)	no 200 W Fayette st
5. Full Name of Mother	Mrs Ferdinand
6. Mother's Maiden Name	Rosa Maitlozer
7. Mother's Birthplace	Bavaria
8. Full Name of Father	F Ferdinand
9. Father's Occupation	Tailor
10. Father's Birthplace	Prussia
Name of Medical Attendant, or other Person who makes this Return.	Dr J Goldsmith
Address	
Remarks	No 26 N Schroeder Street

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27298

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 11 — 1878
4. Place of Birth (Street and Number)	223 Saratoga St
5. Full Name of Mother	Bridget Corcoran
6. Mother's Maiden Name	" Heenan
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Corcoran
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm Thomas M.D.
Address	69 Mulberry St
Remarks	

27299

RETURN OF A BIRTH.

OCT 16 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Octbr. 11 d. 1878
4. *Place of Birth (Street and Number)* 327 Central av.
5. *Full Name of Mother* Kathrine Laudenschlager
6. *Mother's Maiden Name* Kath. Nagelschmid
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Laudenschlager
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Maria K. Rudiger

Address 134 n. Bond Street

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27300

RETURN OF A BIRTH.

OCT 16 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 11 1878
4. *Place of Birth (Street and Number)* 8 S Dallas St.
5. *Full Name of Mother* Molly Brown
6. *Mother's Maiden Name* "
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* not known
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Gertraud Hiller

Address 151 E Pratt St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

97301

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 d.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	October 10 th 1878.
4. Place of Birth (Street and Number)	Charles St 915.
5. Full Name of Mother	Catherina Buchert.
6. Mother's Maiden Name	Catherina Leonhafer
7. Mother's Birthplace	Germany
8. Full Name of Father	George Buchert.
9. Father's Occupation	Labr
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dorothea Brune
Address	114 Battery Av
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27302

HEALTH DEPART
OCT
16
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 tes Kind

1. Sex (state whether Male or Female) Bub.
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren 11th October
4. Place of Birth (Street and Number) № 140 Eastern Av
5. Full Name of Mother Anna Kunkel
6. Mother's Maiden Name Anna Markgraf
7. Mother's Birthplace Deutschland
8. Full Name of Father Henry Kunkel
9. Father's Occupation Butcher
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this return Friederike Kaufmann

Address № 204 S. Dallas St

Remarks Hemme

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27303

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. OCT 14 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) No 1
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 11th 1878
4. Place of Birth (Street and Number) E. Monument 15
5. Full Name of Mother Estella Hall
6. Mother's Maiden Name Estella Leon
7. Mother's Birthplace Virginia
8. Full Name of Father John Hall
9 Father's Occupation
10. Father's Birthplace Virginia
Name of Medical Attendant, or other Person who makes this Return. E. A. Baldwin M.D.
Address 124 n Exeter st
Remarks

27,301

RETURN OF A BIRTH.

HEALTH DEPT. OCT 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th Oct 1878
4. *Place of Birth (Street and Number)* L. 107 Duncan Str.
5. *Full Name of Mother* Rochstamphor
6. *Mother's Maiden Name* Louisa Knapel
7. *Mother's Birthplace* Balto
8. *Full Name of Father* C. Rochstamphor
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary E Simms

Address * 203 E Washington Str

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27305

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~) ____

1. *Sex* (state whether ~~Male or~~ Female) ____
2. *Race or Color* (~~if not of the~~ white race) ____
3. *Date of Birth* 1878 Oct. 11th
4. *Place of Birth* (Street and Number) East ~~Lombard~~ Monument 312
5. *Full Name of Mother* Ella Boon
6. *Mother's Maiden Name* " McGahan
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Thomas Boon
9. *Father's Occupation* Mechanic repairing telegraph wires
10. *Father's Birthplace* Howard Co Md

Name of Medical Attendant, or other Person who makes this Return. Geo. W. Watson

Address 18 Bisquith Alley

Remarks ____

27306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 11 th 1878
4. Place of Birth (Street and Number)	No 335 Charles st
5. Full Name of Mother	Josephine Jones
6. Mother's Maiden Name	Allen
7. Mother's Birthplace	America
8. Full Name of Father	Oliver Jones
9. Father's Occupation	Brick Layer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Schnosser midwife
Address	213 Cross st
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 27307

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 21st 78
4. Place of Birth (Street and Number)	253 Cross St
5. Full Name of Mother	Mary Brudrcamp
6. Mother's Maiden Name	Stroliman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Stroman Brudrcamp
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Mary Koch
Address	325 South Eutaw St
Remarks	

RETURN OF A BIRTH.

27308

OCT 16 1879

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Octbr. 12 d 1879
4. *Place of Birth (Street and Number)* Corr. Monument and Castle St.
5. *Full Name of Mother* Margaret Phillips
6. *Mother's Maiden Name* Margr. Baier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Eduard Phillips
9. *Father's Occupation* Police
10. *Father's Birthplace* Amerika

Name of Medical Attendant, or other Person who makes this Return. Marie R Rudiger

Address 134 n Bond Stret

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27309

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1876 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 12th 1876
4. *Place of Birth (Street and Number)* No 2 Spruce st
5. *Full Name of Mother* Martha Fouse
6. *Mother's Maiden Name* " " Kelner
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Fouse
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 65 S. Bond st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27310

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	12th October 1878
4. Place of Birth (Street and Number)	202 Gough Street
5. Full Name of Mother	Cathrine Reil
6. Mother's Maiden Name	Cathrine Fraley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank L. Riel
9. Father's Occupation	Mariner
10. Father's Birthplace	Germinea
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	912 Patterson Park Avenue
Remarks	

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27311

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 12 October 1878
4. *Place of Birth (Street and Number)* 179 Eden St.
5. *Full Name of Mother* Mala Hessel
6. *Mother's Maiden Name* Wilde
7. *Mother's Birthplace* U S
8. *Full Name of Father* Henry Hessel
9. *Father's Occupation* Workingman
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Wasser

Address 52 E. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27312

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	12 Oct 1878
4. *Place of Birth (Street and Number)*	67 N Paca st Balto
5. *Full Name of Mother*	Mary E Sables
6. *Mother's Maiden Name*	Mary E Baker
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	William C Sables
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Mrs Sarah Sullivan
Address	104 Courtland st Balto
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27313

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 12th of October 1878.
4. *Place of Birth (Street and Number)* N 923 North Central Avenue
5. *Full Name of Mother* Hannah Smith
6. *Mother's Maiden Name* Philpot
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Peter Smith
9. *Father's Occupation* Driver
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Dr R. V. Turner

Address N 176 Aisquith Street.

Remarks

RETURN OF A BIRTH.

27314

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 18 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 12th 1878
4. *Place of Birth (Street and Number)* 57 Jefferson St.
5. *Full Name of Mother* Martha Ann Leach
6. *Mother's Maiden Name* " " Newkirk
7. *Mother's Birthplace* Balto. Md.
8. *Full Name of Father* Wm Alex. Leach
9. *Father's Occupation* Painter.
10. *Father's Birthplace* Hanover Pa.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauerwein

Address No. 105 N. Central avenue,

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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MISSING

#27315

11

27316

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	
3. Date of Birth	12th of October.
4. Place of Birth (Street and Number)	15 Hudson St.
5. Full Name of Mother	Mary Connor.
6. Mother's Maiden Name	Herdny.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	John Connor.
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby.
Address	369 Cathedral St.
Remarks	

RETURN OF A BIRTH.

27317

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Sixth Gilman 6
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Color
3. Date of Birth	Friday 11 &
4. Place of Birth (Street and Number)	Tyson St 90
5. Full Name of Mother	Sarh Tilman
6. Mother's Maiden Name	Sarh Tilman
7. Mother's Birthplace	Eastern Shre M &
8. Full Name of Father	John Tilman
9. Father's Occupation	Coachman
10. Father's Birthplace	Richmond Va
Name of Medical Attendant, or other Person who makes this Return.	Mary Chew
Address	94 Tyson St
Remarks	

27318

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Caucasian.
3. Date of Birth	Oct. 12. 1878.
4. Place of Birth (Street and Number)	Maternity Hospital - 168 N. Loudon St
5. Full Name of Mother	Alice Eyest.
6. Mother's Maiden Name	Alice Eyest
7. Mother's Birthplace	Md.
8. Full Name of Father	Jno. McKennon
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Streett Md
Address	Maternity Hospital - 168 N. Loudon St
Remarks	Mother and child doing well

rect Record of Vital Statistics in the City of Baltimore.

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27319

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 31 1878

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October 12th 1878
4. *Place of Birth (Street and Number)* No. 347 E. Pratt St.
5. *Full Name of Mother* Virginia Ehrmann
6. *Mother's Maiden Name* Kroman
7. *Mother's Birthplace* City
8. *Full Name of Father* Louis Ehrmann
9. *Father's Occupation* Merchant
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchman

Address 120 Pratt St.

Remarks

Legal Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27320

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 12th 1878
4. Place of Birth (Street and Number)	76 Johnson St.
5. Full Name of Mother	Mary
6. Mother's Maiden Name	Duffy
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno Connell
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	A. Smith M.D.
Address	108 S. Sharp St.
Remarks	illegitimate

27321

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP. OCT 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22 Oct 1878
4. Place of Birth (Street and Number)	E Dunkirk alley.
5. Full Name of Mother	F. A. McLaughlin.
6. Mother's Maiden Name	F. Azeldar
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Andrew McLaughlin.
9. Father's Occupation	Can maker.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	# 202 E Washington alley
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

273221

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th child
1. *Sex (state whether Male or Female)*	male
2. *Race or Color (if not of the white race)*	colored
3. *Date of Birth*	october 12th
4. *Place of Birth (Street and Number)*	103 dover st
5. *Full Name of Mother*	margt pew
6. *Mother's Maiden Name*	maiden name unknown
7. *Mother's Birthplace*	peters burge va
8. *Full Name of Father*	richard pew
9. *Father's Occupation*	labour
10. *Father's Birthplace*	acamack county
Name of Medical Attendant, or other Person who makes this return	mrs Lydia Porter
Address	no 4 pages court avenue
Remarks	healthy child

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27323

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 12 1878
4. Place of Birth (Street and Number)	Fountain Str.
5. Full Name of Mother	Kate R. Long
6. Mother's Maiden Name	Kate Reily
7. Mother's Birthplace	Balto
8. Full Name of Father	Mr Long
9. Father's Occupation	Can Maker
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms.
Address	# 203 E Washington Str
Remarks	F.P.

Legal Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27324

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Forth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Sunday
4. Place of Birth (Street and Number)	Paca st 226
5. Full Name of Mother	Susan Kielholtz
6. Mother's Maiden Name	Susan Wisley
7. Mother's Birthplace	Paca St
8. Full Name of Father	James Kielholtz
9. Father's Occupation	Tiner
10. Father's Birthplace	Paca St
Name of Medical Attendant, or other Person who makes this Return.	Mrs Maria Goodman
Address	Paca St 241
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27525

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* Oct 15th 1878
4. *Place of Birth (Street and Number)* 214 Caroline Ave.
5. *Full Name of Mother* Mary Shiffler
6. *Mother's Maiden Name* Mary Gilman
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Michael Shiffler
9. *Father's Occupation* Tailor
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Arnold

Address 132 South Wolfe Street

Remarks 4

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 13 October
4. *Place of Birth (Street and Number)* No 34 Perry st
5. *Full Name of Mother* Grace Ann Roxby
6. *Mother's Maiden Name* Catherine Roxby
7. *Mother's Birthplace* Calvert Co Md
8. *Full Name of Father* Isaac Walter Green
9. *Father's Occupation* Sailor
10. *Father's Birthplace* Windcastle Virginia

Name of Medical Attendant, or other Person who makes this Return. Ellen Hoods

Address No 42 Sharp st

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

27327

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* october 13 1878
4. *Place of Birth (Street and Number)* 388 alicean n st
5. *Full Name of Mother* dorres strieles
6. *Mother's Maiden Name* dorres crubes
7. *Mother's Birthplace* germany
8. *Full Name of Father* steven strieles
9. *Father's Occupation* barber
10. *Father's Birthplace* germany

Name of Medical Attendant, or other Person who makes this return rachel ann gusett

Address 433 alicean na st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

27328

RETURN OF A BIRTH.

HEALTH DEPARTMENT
OCT. 17 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth October 13 th 1878.
4. Place of Birth (Street and Number) West Street No 68
5. Full Name of Mother Mary Thumann
6. Mother's Maiden Name Mary Sommershausen
7. Mother's Birthplace Baltimore Md.
8. Full Name of Father Philipp Thumann
9. Father's Occupation Carpenter
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Dr Dorothea Brune
Address 114 Battery Av
Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27329

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 13 1870 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Forth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octobor 12. 1878
4. Place of Birth (Street and Number)	N46 Patterson Park Avnue
5. Full Name of Mother	Harit Buch
6. Mother's Maiden Name	Harit Fergerson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Buch
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Loubia Wiley
Address	M2. Patterson Park Avnue
Remarks	

RETURN OF A BIRTH.

2,733C

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* Oct 13 1878
4. *Place of Birth (Street and Number)* No 12 Perry Street
5. *Full Name of Mother* Laura Gilbert
6. *Mother's Maiden Name* ——
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* ——
9. *Father's Occupation* ——
10. *Father's Birthplace* ——

Name of Medical Attendant, or other Person who makes this return Dr Austin

Address Wilkens No 70

Remarks Front Street

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27331

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th Child

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* 13th October.
4. *Place of Birth (Street and Number)* No 368 Eutaw Street.
5. *Full Name of Mother* Kate Kelly.
6. *Mother's Maiden Name* Kate O'Daly.
7. *Mother's Birthplace* Ireland.
8. *Full Name of Father* Peter Kelly.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Ireland.

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Scarborough

Address No 220 Montgomery Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27332

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 13 October 1878
4. *Place of Birth (Street and Number)* No 10 Lombard St
5. *Full Name of Mother* Amie Boks
6. *Mother's Maiden Name* Donarte
7. *Mother's Birthplace* U. S.
8. *Full Name of Father* Mic Boks
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U. S.

Name of Medical Attendant, or other Person who makes this Return. Mrs Dara Casper

Address 82 E. Lombard St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27333

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	No 1 Mc Elderry alley
4. Place of Birth (Street and Number)	13 Oct
5. Full Name of Mother	Ida Gillese
6. Mother's Maiden Name	Lyle
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Patrick Gillese
9. Father's Occupation	Junk Shop
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chevins
Address	No 7 Forest Place
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

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2/3311

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT.
OCT
1878
BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Col'd
3. *Date of Birth* 13th Oct. 78
4. *Place of Birth (Street and Number)* 15. Philpot Alley
5. *Full Name of Mother* Lizzie Summerhill
6. *Mother's Maiden Name* L. Hall.
7. *Mother's Birthplace* Eastern Shore Md.
8. *Full Name of Father* Jas Summerhill
9. *Father's Occupation* Laborer.
10. *Father's Birthplace* Eastern Shore Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Leo. Waelder

Address 198. S. Dallas St.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27335

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 8 1878
4. *Place of Birth (Street and Number)* 126 Harmony Lane
5. *Full Name of Mother* No husband
6. *Mother's Maiden Name* Carie Jennings
7. *Mother's Birthplace*
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Chollet Proctor

Address No 10 Walton st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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27336

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth 13th of October.
4. Place of Birth (Street and Number) 245 Park ave.
5. Full Name of Mother Mary Braden.
6. Mother's Maiden Name " Nash.
7. Mother's Birthplace Baltimore
8. Full Name of Father Samuel Braden
9. Father's Occupation Painter
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St

Remarks

Correct Registration of the Births of Health Districts

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27337

HEALTH DEPARTMENT OCT 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (~~state whether 1st, 2d, &c.~~)

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth Oct 13th 1878.

4. Place of Birth (Street and Number) 390 N Bond St.

5. Full Name of Mother Nellie Eubanks.

6. Mother's Maiden Name Nellie Scott

7. Mother's Birthplace Baltimore Md.

8. Full Name of Father Joseph Eubanks

9. Father's Occupation Painter

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. John T. R. Wise M.D.

Address " " "

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27338

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct. 12th 1878
4. *Place of Birth (Street and Number)* 233 Eastern Ave
5. *Full Name of Mother* Cora Wedel
6. *Mother's Maiden Name* " Willes
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Joseph Wedel
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

27339
HEALTH DEPARTMENT
OCT 26 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)	( )
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Sept. 13. 1878
4. Place of Birth (Street and Number)	Watson str. No 187.
5. Full Name of Mother	Margaretha Berger
6. Mother's Maiden Name	Johnst.
7. Mother's Birthplace	Schlauersbach Bayern
8. Full Name of Father	Julius Berger
9. Father's Occupation	Putzeher
10. Father's Birthplace	Dresden Sachsen
Name of Medical Attendant, or other Person who makes this Return.	Mrs Joh. Baumach
Address	E. Watson str No 28
Remarks	Midwife

RETURN OF A BIRTH.

27340

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1870 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 13
4. *Place of Birth (Street and Number)* Stiles no 16
5. *Full Name of Mother* Elizabeth Robinson
6. *Mother's Maiden Name* Kelley
7. *Mother's Birthplace* Baltimore M D
8. *Fuil Name of Father* John Robinson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* New york State

Name of Medical Attendant, or other Person who makes this Return. Mrs Guy 113 north Eden st

Address

Remarks

RETURN OF A BIRTH.

27341

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 13th 1878
4. Place of Birth (Street and Number)	20 Warner St
5. Full Name of Mother	Alexina M. Knight
6. Mother's Maiden Name	Alexina M. Evans
7. Mother's Birthplace	Virginia
8. Full Name of Father	Wm W. Knight
9. Father's Occupation	Furniture Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27342

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 13th 1878
4. Place of Birth (Street and Number)	17 Dec Hanover St
5. Full Name of Mother	Emma Turner
6. Mother's Maiden Name	Emma Moxley
7. Mother's Birthplace	Georgetown D. C.
8. Full Name of Father	Jake L Turner
9. Father's Occupation	Carpenter
10. Father's Birthplace	Charles Co. Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Coates M D
Address	
Remarks	

RETURN OF A BIRTH.

273143

HEALTH DEPARTMENT OCT 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 13th 1878 ~~354 Hanover st~~
4. Place of Birth (Street and Number)	354 Hanover st
5. Full Name of Mother	Sarah E. Travers
6. Mother's Maiden Name	Sarah E. Forsyth
7. Mother's Birthplace	Balto Md
8. Full Name of Father	Jno A. Travers
9. Father's Occupation	Stevedore
10. Father's Birthplace	Dorchester Co Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cooper M D
Address	
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

273114

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* 16 October 1878
4. *Place of Birth (Street and Number)* No 8 Lorin Street
5. *Full Name of Mother* Henrietta Cole
6. *Mother's Maiden Name* Reynolds
7. *Mother's Birthplace* North Virginia
8. *Full Name of Father* Charles Cole
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return R Poulton

Address No 70 Fremont Ave

Remarks Mother Under Twelve Months Old

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27345

HEALTH DEPT. OCT 16 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether Male or Female) Male twin
2. Race or Color (if not of the white race) white
3. Date of Birth born on the 14 of Oct 1878
4. Place of Birth (Street and Number) 568 West Fratt St.
5. Full Name of Mother Miss. Rosler
6. Mother's Maiden Name Kate Frantz
7. Mother's Birthplace City of Balto. Md.
8. Full Name of Father John Rosler
9. Father's Occupation Beer Brewer
10. Father's Birthplace born in Bavaria Ger.

Name of Medical Attendant, or other Person who makes this return Miss. Miller

Address 57 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27346

OCT 16 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto Oct 14th 78

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 14th 1878
4. Place of Birth (Street and Number) 16 Castle Street
5. Full Name of Mother Ursula Hamann
6. Mother's Maiden Name Ursula Jost
7. Mother's Birthplace Germany
8. Full Name of Father Sebastian Hamann
9. Father's Occupation Tailor
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Immel

Address 31 Small Alley Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27317

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 14th 1878
4. *Place of Birth (Street and Number)* No. 506 Eight-th
5. *Full Name of Mother* Maggie Wurzbacher
6. *Mother's Maiden Name* Maggie Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John E. Wurzbacher
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C. Minnick

Address 98 Leadenhall St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27318

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 14th
4. *Place of Birth (Street and Number)* No 274 Lee St
5. *Full Name of Mother* Kate Igoe
6. *Mother's Maiden Name* Leutner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John E. Igoe
9. *Father's Occupation* Can Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine Munch

Address Leadenhall St No 59

Remarks

RETURN OF A BIRTH.

27349

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
19
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October 14th 1878.
4. *Place of Birth (Street and Number)* No 14 Hull Str
5. *Full Name of Mother* Lena Hoffman
6. *Mother's Maiden Name* Lena Dros
7. *Mother's Birthplace* Canada
8. *Full Name of Father* George E. Hoffman
9. *Father's Occupation* Teamster
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27350

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 14th 1878
4. Place of Birth (Street and Number)	94 Fort ave
5. Full Name of Mother	Caroline Gerke
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Wm P. Hoffels
9. Father's Occupation	Copper
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J H Emrich MD
Address	108 S. Sharp St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born at or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27351

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child Baltimore

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth 14th October 1878

4. Place of Birth (Street and Number) Baltimore Born at No 273

5. Full Name of Mother Jane Scotchie

6. Mother's Maiden Name Jane Morgan

7. Mother's Birthplace Bahaman

8. Full Name of Father Hinton Morgan

9. Father's Occupation Sailor

10. Father's Birthplace Bahaman

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address 67 Hudson St

Remarks Baltimore Md.

27352

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 14th 1878
4. *Place of Birth (Street and Number)* 13 Madeira Alley
5. *Full Name of Mother* Clara R. Klutts
6. *Mother's Maiden Name* Clark
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Klutts
9. *Father's Occupation* Butcher
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Tussdmann

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No. 27353

HEALTH DEPARTMENT 1918 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October the 14. 1918
4. Place of Birth (Street and Number)	Belair av. this side Bowerman
5. Full Name of Mother	Lizzie Volk
6. Mother's Maiden Name	" Rübel
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Eward Volk.
9. Father's Occupation	Cigar maker.
10. Father's Birthplace	Bavaria Ger.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. J. Butt
Address	No 185. E. 20or. Central av. & Monument St.
Remarks	Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27354

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Born Oct 14th 1878
4. Place of Birth (Street and Number)	No 230 William st
5. Full Name of Mother	Annie Hilditch
6. Mother's Maiden Name	Annie Gradell
7. Mother's Birthplace	Baltimor
8. Full Name of Father	Brush Hilditch
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 106 West st
Remarks	

RETURN OF A BIRTH.

27355

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1 I

1. Sex (state whether Male or Female)
2. Race or Color (if not of the white race)
3. Date of Birth October 14th 1878
4. Place of Birth (Street and Number) 33 Stockton
5. Full Name of Mother Barbara Diebert
6. Mother's Maiden Name Barbara Wild
7. Mother's Birthplace Germany
8. Full Name of Father Lorenz Siebert
9. Father's Occupation Beseker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John A Fitzer

Address 8 Nord Eutaw

Remarks Regular

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27356

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT. 21. 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct. 14th 78
4. *Place of Birth (Street and Number)* 100 N. Dallas
5. *Full Name of Mother* Annie Bairlipop - Rayer
6. *Mother's Maiden Name* " Bairlipop
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Henry Rayer
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. W. B. O'Reilly. M.D.

Address 236 N. Broadway

Remarks

Extract. Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27357

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 14th 1878
4. Place of Birth (Street and Number)	No 465 N. Gay St.
5. Full Name of Mother	Sophia Hunter.
6. Mother's Maiden Name	Sophia Wilkinson
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	J. H. Hunter.
9. Father's Occupation	Agent
10. Father's Birthplace	Kinsley Mass.
Name of Medical Attendant, or other Person who makes this Return.	Hand Hilleyist.
Address	No 187 E Monument St.
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27357

RETURN OF A BIRTH.

HEALTH DEPARTMENT
OCT 19 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st,

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 14th 1878

4. Place of Birth (Street and Number) No. 115 Patterson Park avenue

5. Full Name of Mother Ida J. Larigey

6. Mother's Maiden Name Ida J. Wright

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Jas. C. Larigey

9. Father's Occupation Printer

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Jno. S. Lyrel M.D

Address No 1 S. Broadway

Remarks

27359

RETURN OF A BIRTH.

OCT 19 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Octbr 14 d 1878
4. *Place of Birth (Street and Number)* 302 Bank str.
5. *Full Name of Mother* Anna Leibb
6. *Mother's Maiden Name* Anna Eichrich
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johan H. Leibb
9. *Father's Occupation*
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Marie R. Rudge

Address 134 n. Bond st.

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27360

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1 st.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 15th 1878
4. Place of Birth (Street and Number)	18 S. Exeter
5. Full Name of Mother	Mary Sanford
6. Mother's Maiden Name	Mary Hibbit
7. Mother's Birthplace	England
8. Full Name of Father	John Sanford
9. Father's Occupation	Ostler
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	J. W. P. Bales. M.D.
Address	1½ S. Exeter St.
Remarks	

27361

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)	5th
1. Sex (~~state whether Male or~~ Female)	
2. Race or Color (~~if not of the~~ white race)	
3. Date of Birth	October 15th 1878.
4. Place of Birth (Street and Number)	41 N Carey St.
5. Full Name of Mother	Mary Hoffman
6. Mother's Maiden Name	Mary Shaup
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Henry Hoffman
9. Father's Occupation	Merchant
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	John L. R. Trigg M.D
Address	
Remarks	

RETURN OF A BIRTH.

27962

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 15 of octobe 1878
4. Place of Birth (Street and Number) 69 cambridge
5. Full Name of Mother Mary alice [redacted] bellmon
6. Mother's Maiden Name Mary alice horner
7. Mother's Birthplace Symaset county
8. Full Name of Father henry bellmon
9. Father's Occupation Waterman
10. Father's Birthplace Germaney

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 patterson Park Av

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27363

RETURN OF A BIRTH.

OCT 18 1878

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore oct 17 1878
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) colored
3. Date of Birth Thursday oct 17 1878
4. Place of Birth (Street and Number) Western Block Colvert st No 16
5. Full Name of Mother Mary Ann Carr
6. Mother's Maiden Name Mary Ann Hooper
7. Mother's Birthplace Baltimore Md
8. Full Name of Father William Henry Carr
9. Father's Occupation laboring man
10. Father's Birthplace Meeting Mark Lordchester County
Name of Medical Attendant, or other Person who makes this Return. Jerome Mele
Address
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27361

HEALTH DEPT. OCT 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	1st Oct
4. Place of Birth (Street and Number)	560 Aisquith St
5. Full Name of Mother	Agnes Frost Hooper
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Thomas Frost
9. Father's Occupation	Engineer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrissinger
Address	No 1 Forrest Place
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27365

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Oct 15th 1878

4. *Place of Birth (Street and Number)* 234 Alice ann

5. *Full Name of Mother* Catherina Adelmann

6. *Mother's Maiden Name* " Benhart

7. *Mother's Birthplace* Germany

8. *Full Name of Father* Mary Adelmann

9. *Father's Occupation* Laborer

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buschmann

Address 120 Bank st

Remarks

Extract Regulations of the Board of Health in force on and after the first day of January, 1878.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

97366

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 15. 1878
4. *Place of Birth (Street and Number)* E. Lombard str No 313
5. *Full Name of Mother* Fanny Sander
6. *Mother's Maiden Name* Like
7. *Mother's Birthplace* New York
8. *Full Name of Father* Johann Sander
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Erlang Bayern

Name of Medical Attendant, or other Person who makes this Return. Wm Joh. Baupach

Address S. Wolfs str No 28

Remarks Midwife

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nationality, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27367

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* fem.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15 Oct 1878
4. *Place of Birth (Street and Number)* 17 Federal St
5. *Full Name of Mother* Mary O'Bryan
6. *Mother's Maiden Name* " Donohoe
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Wm O'Bryan
9. *Father's Occupation* Contractor
10. *Father's Birthplace* N Y

Name of Medical Attendant, or other Person who makes this Return. C Lane Taneyhill

Address 129 N Biddle St

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27368

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OF BALTIMORE OCT 22 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	15 October 1878
4. Place of Birth (Street and Number)	105 Exeter St
5. Full Name of Mother	Magie Ratscher
6. Mother's Maiden Name	Fank
7. Mother's Birthplace	U S
8. Full Name of Father	Charles Ratscher
9. Father's Occupation	Schumacher
10. Father's Birthplace	U S
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Casper
Address	52 E. Lombard St
Remarks	

Penalty of Violation of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or minister at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27369

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Sixth
1. Sex (state whether ~~Male~~ or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 16th. 1878
4. Place of Birth (Street and Number)	150 Hanover St 4th fl
5. Full Name of Mother	Theresa M. McConnon
6. Mother's Maiden Name	Theresa M. Boyle
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Phineas Smith McConnon
9. Father's Occupation	Steamboat Captain
10. Father's Birthplace	Salem N.J.
Name of Medical Attendant, or other Person who makes this Return.	Dr Lancey H. Barclay M.D.
Address	47 Conway St.
Remarks	

rrect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27370

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo. 15 1878.
4. Place of Birth (Street and Number)	290 Argyle Ave.
5. Full Name of Mother	Mary Jane Irons
6. Mother's Maiden Name	Francis
7. Mother's Birthplace	Balto. City Md.
8. Full Name of Father	Jno. Thos. Irons
9. Father's Occupation	Builder
10. Father's Birthplace	Balto. City Md.
Name of Medical Attendant, or other Person who makes this Return.	D. L. Whitten M.D.
Address	431 Conn. Ave.
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, his or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27371

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 Octobre
4. *Place of Birth (Street and Number)* 37 Karoline Street
5. *Full Name of Mother* Katheran Schmidt
6. *Mother's Maiden Name* Becrau
7. *Mother's Birthplace* Garmany
8. *Full Name of Father* Adam Schmidt
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Garmany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon
Address 1 nore Granby Street
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2173 72

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 15 October
4. *Place of Birth (Street and Number)* 47 Gourley Street
5. *Full Name of Mother* Mary Ditchenight
6. *Mother's Maiden Name* Changocks
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Fredrick Ditchenight
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 70 Gourley Street

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27373

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 1

1. Sex (~~state whether Male or~~ Female) [illegible]

2. Race or Color (~~if not of the~~ white race) [illegible]

3. Date of Birth Oct. 15th 1878.

4. Place of Birth (Street and Number) 288 N. Stricker St.

5. Full Name of Mother Ella ~~Xxxx~~ V. Hinsley

6. Mother's Maiden Name Ella ~~Xxxx~~ V. Heald

7. Mother's Birthplace Washington, D. C.

8. Full Name of Father Isaac M. V. Hinsley

9. Father's Occupation Clerk

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. John L. K. Stiffey, M.D.

Address " " "

Remarks

Vex Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27377

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 18th 1878
4. Place of Birth (Street and Number)	128 German St
5. Full Name of Mother	Carrie Ewell
6. Mother's Maiden Name	Carrie McKinley
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno Ewell
9. Father's Occupation	Restaurant Keeper
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return	Theodore Cook M D
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27375

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Seventh (7)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Mulatto
3. *Date of Birth* October 15th 1878
4. *Place of Birth (Street and Number)* 95 Gough St.
5. *Full Name of Mother* Roberdana Johnson
6. *Mother's Maiden Name* Roberdana Bean
7. *Mother's Birthplace* St Marys Co. Md.
8. *Full Name of Father* John L. Johnson
9. *Father's Occupation* Pilot
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Jno. S. Lynch M.D.

Address No 1 S. Broadway

Remarks

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reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27376

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Children

1. Sex (state whether Male or Female) Boy Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 7 October 78

4. Place of Birth (Street and Number) 1 Mt Vernon Place

5. Full Name of Mother Adelaide Crowther

6. Mother's Maiden Name Adelaide Lee

7. Mother's Birthplace Baltimore

8. Full Name of Father William Lee

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Lewellys Barker

Address 1 Mt Vernon Place

Remarks Twins

Fee Record of Vital Statistics, City of Baltimore.

That any physician, accoucheur, midwife, [illegible] in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27377

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 16th Oct 1878
4. *Place of Birth (Street and Number)* S Dorchester St
5. *Full Name of Mother* Sarah Kessare
6. *Mother's Maiden Name* Sarah Schneider
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Pat Kessare
9. *Father's Occupation* Labore
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Jacobs

Address 99 Lancaster St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

ree Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27378

HEALTH DEPARTMENT OCT 16 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Cold
3. Date of Birth	Oct. 16th 78
4. Place of Birth (Street and Number)	38 S. Dallas St.
5. Full Name of Mother	Jane Cooper
6. Mother's Maiden Name	Jane Dixon
7. Mother's Birthplace	Balto
8. Full Name of Father	William Cooper
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mrs Leo. Walker
Address	198 S. Dallas St.
Remarks	

Not Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27379

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 16th 1878
4. *Place of Birth (Street and Number)* 1 Meeubbin St We. 24
5. *Full Name of Mother* Julia A. Young
6. *Mother's Maiden Name* Julia A. Richardson
7. *Mother's Birthplace* Westmoreland Co. Va.
8. *Full Name of Father* Jno. W. Young
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Balt. Md

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary Ann Haywood

Address We 109 Chester St Balt. Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27380

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4: 6

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 16. 1878
4. *Place of Birth (Street and Number)* S. Wolfst No 38
5. *Full Name of Mother* Dorothea Lohmann
6. *Mother's Maiden Name* Lampe
7. *Mother's Birthplace* Bielefeld Westhalen Prussia
8. *Full Name of Father* Wilhelm Lohmann
9. *Father's Occupation* Schuhmacher
10. *Father's Birthplace* Bielefeld Westhalen Prussia

Name of Medical Attendant, or other Person who makes this Return Wm Joh Rauprach

Address S. Wolfst No 28

Remarks Un. Imfe

27381

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEP. OCT 22 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	C
3. Date of Birth	Oct. 16 - 1878
4. Place of Birth (Street and Number)	64 N. Gay St.
5. Full Name of Mother	Anna Nissen
6. Mother's Maiden Name	Vonderheide
7. Mother's Birthplace	Germany
8. Full Name of Father	Nicolai Nissen
9. Father's Occupation	Lock Smith
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Gertrand Miller
Address	151 E Pratt St.
Remarks	

FEE [illegible] of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27382

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 16 October 1878
4. *Place of Birth (Street and Number)* 317 Lombard St
5. *Full Name of Mother* Florentine Dekker
6. *Mother's Maiden Name* Goss
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Dekker
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

Sec. 1. Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27383

OCT 24 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* October 16 1878
4. *Place of Birth (Street and Number)* Baltimore Johns St 32
5. *Full Name of Mother* Henrietta Ellis
6. *Mother's Maiden Name* Henrietta Freman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James Ellis
9. *Father's Occupation* Brick Making
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Cit. Hall 20th

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

FORM Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

273811

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth October 16th 78.

4. Place of Birth (Street and Number) 673. W. Fayette St.

5. Full Name of Mother Emma J. W. Herring.

6. Mother's Maiden Name [illegible]

7. Mother's Birthplace Baltimore City.

8. Full Name of Father Lewis E. Herring.

9. Father's Occupation Carpet Merchant.

10. Father's Birthplace Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Delmar M.D.

Address 86 E. Fayette St.

Remarks Natural labor.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

27385

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c) White

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October the 16
4. *Place of Birth (Street and Number)* Biddel st 20
5. *Full Name of Mother* Virginia Lancaster
6. *Mother's Maiden Name* Virginia Oyilvie
7. *Mother's Birthplace* Balt M D
8. *Full Name of Father* Isaiah Lancaster
9. *Father's Occupation* Milk Dealer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Doctor Arson

Address City Lockman No 41 Mckeldry st

Remarks

RETURN OF A BIRTH.

27386

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colrd
3. Date of Birth	October 16th 1878
4. Place of Birth (Street and Number)	46 Hanover st
5. Full Name of Mother	Katie Webster
6. Mother's Maiden Name	Katie Jeckes
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Holliday Webster
9. Father's Occupation	Machinist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Theodore Lorta MD
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Failure to Report Births in the City of Baltimore.

RETURN OF A BIRTH.

27387

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 19 1878

No. of Child of Mother, (~~state whether 1st, 2d,~~ 3d, ~~&c.~~)

1. Sex (~~state whether Male or~~ Female)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth Oct 16th 1878.

4. Place of Birth (Street and Number) 704 N Eutaw bet Pl.

5. Full Name of Mother Ella M Baines.

6. Mother's Maiden Name Ella M Banks.

7. Mother's Birthplace Balto City

8. Full Name of Father George E Baines

9. Father's Occupation Machinist

10. Father's Birthplace Balto City

Name of Medical Attendant, or other Person who makes this Return. John L R Shipley M.D.

Address

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27388

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 16. 1878
4. *Place of Birth (Street and Number)* S. Sappelstr No 16.
5. *Full Name of Mother* Josephine Lang
6. *Mother's Maiden Name* Drahs
7. *Mother's Birthplace* Kur. Hessen
8. *Full Name of Father* Franz Lang
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Baden

Name of Medical Attendant, or other Person who makes this Return Wm. Fr. Baupach

Address S. Wolfe St No 28

Remarks Midwife

RETURN OF A BIRTH.

2389

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Sept. 16. 1878
4. *Place of Birth (Street and Number)* E. Lombard str No. 307
5. *Full Name of Mother* Barbara Hartmann
6. *Mother's Maiden Name* Lemkuhler
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Hartmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm. Joh. Baupach

Address E. Wolf str No 28

Remarks Midwife

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27390

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Third Child~~ forth 4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 17. 1878
4. Place of Birth (Street and Number)	No 13 Pogrt-Street
5. Full Name of Mother	Christena Abel
6. Mother's Maiden Name	Christena Rekeim
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jahn Abel
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louisia Wiley
Address	No 12 Patterson Park Avenew
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Allowed by Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

27391

HEALTH DEPARTMENT OCT 18 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	October 17. 1878
4. Place of Birth (Street and Number)	No 98 Mulliken St
5. Full Name of Mother	Amanthe McDonald
6. Mother's Maiden Name	Amanthe McDonald
7. Mother's Birthplace	Wexford Ireland
8. Full Name of Father	Andrew McDonald
9. Father's Occupation	Iron Moulder
10. Father's Birthplace	Wexford Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mary A. Allwell
Address	286 McDonogh St
Remarks	

27392

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child Baltimore

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 17th October 1878

4. Place of Birth (Street and Number) Baltimore Westminster St 68

5. Full Name of Mother Barbary Sokel

6. Mother's Maiden Name "

7. Mother's Birthplace Baltimore Md

8. Full Name of Father " it is Not White

9. Father's Occupation "

10. Father's Birthplace "

Name of Medical Attendant, or other Person who makes this Return. H Eichelberger

Address 68 Westminster St Baltimore Md.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee allowed by Public Authorities in the City of Baltimore.

27393

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October 7th 1895
4. *Place of Birth (Street and Number)* 182 Eastern Ave
5. *Full Name of Mother* Emma Schlegt
6. *Mother's Maiden Name* Miller
7. *Mother's Birthplace* City
8. *Full Name of Father* Charles Schlegt
9. *Father's Occupation* Chair maker
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Burton

Address 120 Bond St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

273911

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	17 October 1878
4. Place of Birth (Street and Number)	75 Eden St
5. Full Name of Mother	Margaret Mohr
6. Mother's Maiden Name	Jones
7. Mother's Birthplace	U.S.
8. Full Name of Father	Georg Mohr
9. Father's Occupation	Miller
10. Father's Birthplace	U.S.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Wagner
Address	82 E. Lombard St.
Remarks	

RETURN OF A BIRTH.

27395

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 17th 1878
4. *Place of Birth (Street and Number)* Fayette st. #370
5. *Full Name of Mother* Rebecka Ramm
6. *Mother's Maiden Name* Rebecca Tolz
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jno Ramm
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace* Prussia

Name of Medical Attendant, or other Person who makes this Return. Wm Dunnebeck Physician

Address

Remarks

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27396

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 17 1878
4. Place of Birth (Street and Number)	181 So Chester St
5. Full Name of Mother	Bridget Shielder
6. Mother's Maiden Name	Bollan
7. Mother's Birthplace	Ireland
8. Full Name of Father	John Shielder
9. Father's Occupation	Varnish Dealer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss E Fray
Address	193 So Chester St
Remarks	Healthy

RETURN OF A BIRTH. 27397

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

HEALTH DEPARTMENT OCT 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 14th 1878
4. Place of Birth (Street and Number)	69 Oxford
5. Full Name of Mother	Nancie Moore
6. Mother's Maiden Name	Dorsey
7. Mother's Birthplace	Howard Co
8. Full Name of Father	Nancy Moore
9. Father's Occupation	Waiter
10. Father's Birthplace	Balto Co
Name of Medical Attendant, or other Person who makes this Return.	J. Gilmore
Address	
Remarks	

RETURN OF A BIRTH.

27398

HEALTH DEPARTMENT OCT 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Allowed by This Ordinance to the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Ltr. Child

1. *Sex (state whether ~~Male or~~ Female)*
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* October the 17. 1878
4. *Place of Birth (Street and Number)* S.W. corner of Eager & Wolfe St. no No.
5. *Full Name of Mother* Gertraud Jenior
6. *Mother's Maiden Name* Gertraud Zwergel
7. *Mother's Birthplace* Bernbach K. Scheussen Germany
8. *Full Name of Father* Nikolaus Jenior
9. *Father's Occupation* Sawer Keeper
10. *Father's Birthplace* Neuses K. Scheussen Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St. No 20.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27399

HEALTH DEPARTMENT OCT 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October the 17. 1878.
4. *Place of Birth (Street and Number)* Fisquit St. No. 200.
5. *Full Name of Mother* Mary Carson
6. *Mother's Maiden Name* Mary Disener
7. *Mother's Birthplace* Dramburg. Pr. Preussen. Germany
8. *Full Name of Father* August Carson
9. *Father's Occupation* Cigarren macher
10. *Father's Birthplace* Hanover. Pr. Preussen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas St No. 28.

Remarks

RETURN OF A BIRTH. 27400

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colo
3. *Date of Birth*	17-Oct
4. *Place of Birth (Street and Number)*	Eutaw St No 41-
5. *Full Name of Mother*	Annie Mason
6. *Mother's Maiden Name*	" Brown
7. *Mother's Birthplace*	Cambridg Dor. Co Md
8. *Full Name of Father*	Henry Mason
9. *Father's Occupation*	laborer
10. *Father's Birthplace*	Cam Dor. Co Md
Name of Medical Attendant, or other Person who makes this Return.	Rachel Doran
Address	Hennetta st 122
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27401

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Col'd
3. Date of Birth	17th Oct. 78.
4. Place of Birth (Street and Number)	115. N. Chappel. St.
5. Full Name of Mother	Sarah. A. Alexander
6. Mother's Maiden Name	Sarah. A. Richfild
7. Mother's Birthplace	Balto.
8. Full Name of Father	Wm G. Alexander
9. Father's Occupation	Waiter
10. Father's Birthplace	West. Indies
Name of Medical Attendant, or other Person who makes this Return.	Wm Jas. Watkins
Address	198. S. Dallas St.
Remarks	

RETURN OF A BIRTH.

27402

NOV 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	female
2. *Race or Color (if not of the white race)*	white
3. *Date of Birth*	October 18th 1878
4. *Place of Birth (Street and Number)*	27. N. Broadway
5. *Full Name of Mother*	Pauline Dausch
6. *Mother's Maiden Name*	" Isele
7. *Mother's Birthplace*	Switzerland
8. *Full Name of Father*	Pierre George Dausch
9. *Father's Occupation*	Physician
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this return	P. G. Dauschund
Address	27. N. Broadway.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fine Imposed by Penal Statutes in the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27403

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Child 1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 18th 1878
4. Place of Birth (Street and Number)	Baltimore 48 Holland St
5. Full Name of Mother	Fanny Henriette Curlin
6. Mother's Maiden Name	Fanny Henriette Kolb
7. Mother's Birthplace	Paris France
8. Full Name of Father	James Frank Carlin
9. Father's Occupation	Book Keeper
10. Father's Birthplace	Pittsburg Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Galvaine M. Bedford
Address	141 Cleaver St.
Remarks	Please excuse for not sending Certificate

PENALTY for False Statements to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 27404

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) one
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 14 Oct
4. *Place of Birth (Street and Number)* 612 West
5. *Full Name of Mother* Mattie Fairman
6. *Mother's Maiden Name* Mattie Magee
7. *Mother's Birthplace* Adams: Mass
8. *Full Name of Father* Simon Fairman
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Albany NY

Name of Medical Attendant, or other Person who makes this Return. Nancy Williams
Address 210 Druer Street
Remarks

Act Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27405

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 18th 1878
4. *Place of Birth (Street and Number)* 219 E. Ball st.
5. *Full Name of Mother* Louise Riegel
6. *Mother's Maiden Name* " Plitt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Mathias Riegel
9. *Father's Occupation* Iron Moulder
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Bustorff

Address 120 Bank st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27406

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 31 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Male W
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 18th 1878
4. Place of Birth (Street and Number)	No 2 Port alley
5. Full Name of Mother	Eliza Wheeler
6. Mother's Maiden Name	" Hay
7. Mother's Birthplace	Md
8. Full Name of Father	Joseph Wheeler
9. Father's Occupation	Saloon
10. Father's Birthplace	Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Elizabeth Bustenson
Address	120 Barre
Remarks	

27407

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 31 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 18th 1878
4. *Place of Birth (Street and Number)* No 2 Spruce
5. *Full Name of Mother* Margaretta Lauster
6. *Mother's Maiden Name* " Hannan
7. *Mother's Birthplace* Md
8. *Full Name of Father* William Lauster
9. *Father's Occupation* Driver
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Bustinmore

Address 120 Bow

Remarks

27408

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 15th of October.
4. *Place of Birth (Street and Number)* 91 Ode St.
5. *Full Name of Mother* Mary Coone.
6. *Mother's Maiden Name* " Low.
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Matthew Coone.
9. *Father's Occupation* Police.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Charlotte Crosby

Address 369 Cathedral St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27409

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th,
1. Sex (state whether Male or Female)	Girl.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	Oct. 18th
4. Place of Birth (Street and Number)	57 Collington Ave
5. Full Name of Mother	Margaret Christal.
6. Mother's Maiden Name	Gezhammer.
7. Mother's Birthplace	New York City.
8. Full Name of Father	Otto Christal
9. Father's Occupation	Clerk.
10. Father's Birthplace	Prussia.
Name of Medical Attendant, or other Person who makes this Return.	Mary Pertner.
Address	59 Madeira Alley.
Remarks	Good Health.

RETURN OF A BIRTH.

27410

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd 1

1. *Sex (state whether Male or Female)* White 1878
2. *Race or Color (if not of the white race)* Oct 1878
3. *Date of Birth* 21
4. *Place of Birth (Street and Number)* No 180 Columbia St.
5. *Full Name of Mother* Mary A Knecht
6. *Mother's Maiden Name* " Kuper
7. *Mother's Birthplace* Balto
8. *Full Name of Father* Jno. Knecht
9. *Father's Occupation* Mechanic (Brick Mason)
10. *Father's Birthplace* Balto. Md.

Name of Medical Attendant, or other Person who makes this Return. A. J. Steers M.D.

Address 377 W. Lombard St.

Remarks

vect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27411

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 22 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18 Oct 1878
4. *Place of Birth (Street and Number)* 102 Eastern Ave.
5. *Full Name of Mother* Catharina Kahl
6. *Mother's Maiden Name* Seifert
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charly Kahl
9. *Father's Occupation* Painter
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Gertraud Hiller

Address 151 E. Hatt St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27412

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 18/78
4. Place of Birth (Street and Number)	No. 13 Choptank
5. Full Name of Mother	Emma Flynn
6. Mother's Maiden Name	Emma Brady
7. Mother's Birthplace	New York
8. Full Name of Father	Geo. B. Flynn
9. Father's Occupation	Baker
10. Father's Birthplace	England
Name of Medical Attendant, or other Person who makes this Return.	Dr R. W. Mansfield
Address	117 S. Broadway
Remarks	

RETURN OF A BIRTH.

27413

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE. OCT 22 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not; the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 18th October
4. *Place of Birth (Street and Number)* Baltimore Ridgley Stat No 911
5. *Full Name of Mother* Maria Bowman
6. *Mother's Maiden Name* Maria Austin
7. *Mother's Birthplace* Washington D. C.
8. *Full Name of Father* Theodore Bowman
9. *Father's Occupation* Clerk
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this return Wm. H. Hoffe

Address South Paca Street No 412

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27111

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	18 October 1878
4. Place of Birth (Street and Number)	No 9 Hillen St.
5. Full Name of Mother	Ana M. Fuchs
6. Mother's Maiden Name	Bach
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernhard Fuchs
9. Father's Occupation	Schumacher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Casner
Address	82 E. Lombard St
Remarks	

RETURN OF A BIRTH.

27115

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* August 18th 1878
4. *Place of Birth (Street and Number)* 89 castle st "
5. *Full Name of Mother* sarah J. hagan
6. *Mother's Maiden Name* sarah J. Shaw
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* John hagan
9. *Father's Occupation* laborer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return Rachel ann garrett

Address 89 Castle st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27116

OCT 22 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Male. Female

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 6 October 18.1878

4. *Place of Birth (Street and Number)* 209 William st

5. *Full Name of Mother* Sarah Marshall

6. *Mother's Maiden Name* Earle

7. *Mother's Birthplace* Queen Anne's County

8. *Full Name of Father* George Marshall

9. *Father's Occupation* Engineer

10. *Father's Birthplace* Talbot County

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann's nash

Address

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition; whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27417

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The Third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	18 of October
4. Place of Birth (Street and Number)	Cor of Goldsmith & Mc Lean St
5. Full Name of Mother	Hanna Massal
6. Mother's Maiden Name	Hanna Dain
7. Mother's Birthplace	Baltimore Md
8. Full Nome of Father	Joseph Massal
9. Father's Occupation	Grocer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Mr Lindner
Address	45 Monroe St
Remarks	

RETURN OF A BIRTH.

27418

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 24 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo. 18th 1878
4. Place of Birth (Street and Number)	4 Whalcoat St.
5. Full Name of Mother	Jennie Moore
6. Mother's Maiden Name	Wardell
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Robert Moore Jr.
9. Father's Occupation	Carpenter
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	J. D. Christian M.D.
Address	431 Penna. Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27419

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 24 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 8 & 9th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 18 of Sept.
4. *Place of Birth (Street and Number)* Baltimore Co
5. *Full Name of Mother* Josephin Wilhite
6. *Mother's Maiden Name* Josephin Stallmann
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Stallmann
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return.

Address Mr Sauer 1811

Remarks 111 Harford Ave

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27420

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Born~~ First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	18th Oct 1878
4. Place of Birth (Street and Number)	Lombard St No 146
5. Full Name of Mother	Rosa Sauerwald
6. Mother's Maiden Name	Rosa Wolf
7. Mother's Birthplace	Homestead Balto Co
8. Full Name of Father	Joseph Sauerwald
9. Father's Occupation	Basket Maker
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who Makes this Return.	Mrs Jane Winnebergen
Address	No 23 N. Liberty St.
Remarks	

Face Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27421

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Brown complection.
3. *Date of Birth* Oct 18th 1878
4. *Place of Birth (Street and Number)* Hargrove Alley., No. 95.
5. *Full Name of Mother*
6. *Mother's Maiden Name* Ella Dennis
7. *Mother's Birthplace* Snow Hill. Worcester Co, Md.
8. *Full Name of Father* Alexander Downs
9. *Father's Occupation* Porter.
10. *Father's Birthplace* Centre-ville, Queen Anne Co, Md.

Name of Medical Attendant, or other Person who makes this Return. Amelia Johnson

Address # 6 Hamilton St

Remarks Illegitimate Birth

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.7442.21

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 12 E 1878.
4. *Place of Birth (Street and Number)* 61 Lancaster St
5. *Full Name of Mother* Mary Bauer
6. *Mother's Maiden Name* Mary J. Bold
7. *Mother's Birthplace* America
8. *Full Name of Father* John Bauer
9. *Father's Occupation* Laborer
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mary Mary L
Address 67 South Wolfe Street
Remarks 45

RETURN OF A BIRTH.

27123

OCT 22 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 18th October 78
4. *Place of Birth (Street and Number)* Bull 05 Cor Emory & Columbia Ave
5. *Full Name of Mother* Elizabeth Krüger
6. *Mother's Maiden Name* " " Schmelz
7. *Mother's Birthplace* Balto. City
8. *Full Name of Father* Henry Krüger
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr Gerstenberger

Address Penn Street & Pratt

Remarks

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rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27424

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 17 1878 BALTIMORE.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Girl
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 1878
4. Place of Birth (Street and Number)	240 Green St
5. Full Name of Mother	Christina Fuller Reinhard
6. Mother's Maiden Name	Fuller
7. Mother's Birthplace	Baltimore
8. Full Name of Father	William Reinhard
9. Father's Occupation	Merchant
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	
Address	Mary Magruder
Remarks	Died Oct 12 78

RETURN OF A BIRTH.

274-25

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 21 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* octobr 19th 1878
4. *Place of Birth (Street and Number)* 41 N. Castle st.
5. *Full Name of Mother* Mary Ann Hogan
6. *Mother's Maiden Name* " " McArdle
7. *Mother's Birthplace* Baltr. City
8. *Full Name of Father* Thomas F. Hogan
9. *Father's Occupation* police sergeant
10. *Father's Birthplace* Baltr. Co. Md.

Name of Medical Attendant, or other Person who makes this Return. P. L. Dauschond

Address 27 N. Broadway.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2/11-26

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Baltimore
1. Sex (state whether Male or Female)	[illegible]
2. Race or Color (if not of the white race)	[illegible]
3. Date of Birth	19 October 1878
4. Place of Birth (Street and Number)	Baltimore [illegible] No 28
5. Full Name of Mother	Kate Lorentz
6. Mother's Maiden Name	Isaacs
7. Mother's Birthplace	Bohaman
8. Full Name of Father	Adolph Lorentz
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Bohaman
Name of Medical Attendant, or other Person who makes this Return.	Mary Reynolds
Address	61 Eastaw Av
Remarks	

RETURN OF A BIRTH.

27427

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 30 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 19th 1878
4. *Place of Birth (Street and Number)* 7 Lauer Alley
5. *Full Name of Mother* Mary Hesse
6. *Mother's Maiden Name* Malan
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Conrad Hesse
9. *Father's Occupation* Stone Mason
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Annie Mercurio Jno

Address. 220 Pacific

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

21/4-28

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child of Baltimore
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	Not in White Race
3. Date of Birth	17 October 1878
4. Place of Birth (Street and Number)	Baltimore, Bohama Co. Md
5. Full Name of Mother	Mary Petrea
6. Mother's Maiden Name	Mary Petrea
7. Mother's Birthplace	Bohama
8. Full Name of Father	Frank Petrea
9. Father's Occupation	Tailor
10. Father's Birthplace	Bahama
Name of Medical Attendant, or other Person who makes this Return.	Mary Petrea
Address	91 Harrison St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27429

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 Oct.
4. Place of Birth (Street and Number)	5 Bohemian Court
5. Full Name of Mother	Anna Kabel
6. Mother's Maiden Name	" Bohacek
7. Mother's Birthplace	Volin Bohemia
8. Full Name of Father	Matias Kabel
9. Father's Occupation	Laborer
10. Father's Birthplace	Volin Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Conrad
Address	20 Barnett
Remarks	

RETURN OF A BIRTH.

27430

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th Oct.
4. Place of Birth (Street and Number)	25 Barnes St.
5. Full Name of Mother	Barbara Dolniak
6. Mother's Maiden Name	" Mikulec
7. Mother's Birthplace	Kaloric
8. Full Name of Father	Jos. Dolniak
9. Father's Occupation	Schoemaker
10. Father's Birthplace	Kaloric
Name of Medical Attendant, or other Person who makes this Return.	J. Ravo
Address	20 Barnes St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27431

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th October 1878
4. *Place of Birth (Street and Number)* 101 Ross st
5. *Full Name of Mother* Schini Roelle
6. *Mother's Maiden Name* Schini Schneider
7. *Mother's Birthplace* Pennsylvania
8. *Full Name of Father* Karl Roelle
9. *Father's Occupation* Painter
10. *Father's Birthplace* New York

Name of Medical Attendant, or other Person who makes this Return Theresia Eigeldinger

Address 14 Union st

Remarks

RETURN OF A BIRTH.

27432

HEALTH DEPT. OCT 4 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	19th Oct 1878
4. Place of Birth (Street and Number)	215 Eastern Avenue
5. Full Name of Mother	Anna Sanderback
6. Mother's Maiden Name	Anna Becker
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Stefan Sanderback
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louisa Kraft
Address	236 Canton Avenue
Remarks	

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27433

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19th Oct – 1878
4. *Place of Birth (Street and Number)* 187 Aisquith Avenue
5. *Full Name of Mother* Emily Gonzales Emanuel
6. *Mother's Maiden Name* Emily Gonzales Longmeadow
7. *Mother's Birthplace* Kingston Jamaica
8. *Full Name of Father* Jonathan Manly Emanuel
9. *Father's Occupation* Past Asst Engineer U S N
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. W. Murdoch M.D

Address 81 Read St

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

This Record of Births in the City of Baltimore.

2711311

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Single
1. *Sex (state whether Male or Female)*	white
2. *Race or Color (if not of the white race)*	Oct. 19. 1878
3. *Date of Birth*	S. Schroeppel's Av No 103
4. *Place of Birth (Street and Number)*	Mary Bendorf
5. *Full Name of Mother*	Blum
6. *Mother's Maiden Name*	Baltimore
7. *Mother's Birthplace*	Joseph Bendorf
8. *Full Name of Father*	Tobacconist
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace*	Wm. Joh. Bourgath
Name of Medical Attendant, or other Person who makes this Return.	S. Wolfe's Av No 28
Address	Midwife
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2743 5

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 19. 1878
4. *Place of Birth (Street and Number)* E. Wolfster No 29
5. *Full Name of Mother* Josephine Gutschenreiter
6. *Mother's Maiden Name* Froemie
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Michael Gutschenreiter
9. *Father's Occupation* Lebner
10. *Father's Birthplace* Germany Bavern

Name of Medical Attendant, or other Person who makes this Return. Wm. Joh. Raupach

Address E. Wolfster No 28

Remarks Wm Dr. fee

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27436
27436

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	19 October 1878
4. Place of Birth (Street and Number)	40 Holland St.
5. Full Name of Mother	Sara Walles
6. Mother's Maiden Name	Bell
7. Mother's Birthplace	U S
8. Full Name of Father	Mitchell Walles
9. Father's Occupation	Clerk
10. Father's Birthplace	U. S
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Cooper
Address	52 E. Lombard St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27437

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	The 8th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Saturday October 19th
4. Place of Birth (Street and Number)	56 Milliman st cor Bethel st
5. Full Name of Mother	Mrs Barbara Kupprecht
6. Mother's Maiden Name	Barbara Fischer
7. Mother's Birthplace	Germany
8. Full Name of Father	Mr Christian Kupprecht
9. Father's Occupation	Butcher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Rice No 26. S Fremont
Address	56 Milliman st cor Bethel st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27438

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	19th Oct 1878
4. Place of Birth (Street and Number)	142 Pechapeester.
5. Full Name of Mother	V. D. Adams.
6. Mother's Maiden Name	V. Driver.
7. Mother's Birthplace	Balto
8. Full Name of Father	Thos F. Adams.
9. Father's Occupation	Can maker.
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Mary E. Simms.
Address	# 203 E Washington St
Remarks	

27439

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* a. Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* the 19 October
4. *Place of Birth (Street and Number)* 30 Wajeth St
5. *Full Name of Mother* Mary Oettinger
6. *Mother's Maiden Name* M. Betz
7. *Mother's Birthplace* Stuttgart. Warrttamberg
8. *Full Name of Father* Charly Oettinger
9. *Father's Occupation* Pfeifer
10. *Father's Birthplace* Maerkrone Warrttemberg

Name of Medical Attendant, or other Person who makes this Return.

Address [illegible]

Remarks

Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27440

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Tenth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octr. 17. 1878
4. Place of Birth (Street and Number)	645 Penna Ave.
5. Full Name of Mother	Dorcas Annie Oneal
6. Mother's Maiden Name	Hammontree
7. Mother's Birthplace	Montgomery Co. Md
8. Full Name of Father	Jno. L. Oneal
9. Father's Occupation	Expressman ~~Frederick City Md~~
10. Father's Birthplace	Frederick City Md
Name of Medical Attendant, or other Person who makes this Return.	H. A. Christian M.D.
Address	431 Penna. Ave.
Remarks	

Your Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2711111

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT OCT 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 14th 1878
4. *Place of Birth (Street and Number)* 130 Pine st
5. *Full Name of Mother* Martha Jane Johnson
6. *Mother's Maiden Name* Martha Jane Cook
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Henry Edward Johnson
9. *Father's Occupation* Minister of the Gospel
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. G. L. Kummer

Address 187 Lanvale st

Remarks

2711125

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 19 th 1878
4. Place of Birth (Street and Number)	No 239 Cross st
5. Full Name of Mother	Louise Starch
6. Mother's Maiden Name	Stitt
7. Mother's Birthplace	Germany
8. Full Name of Father	Adam Starch
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	J. Donnavaller midwife
Address	218 Cross st
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27443

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9. 6/

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 19 1878
4. *Place of Birth (Street and Number)* 60 Block St
5. *Full Name of Mother* Elizebeth Ludden
6. *Mother's Maiden Name* Elizebeth Cook
7. *Mother's Birthplace* Pensovalnia
8. *Full Name of Father* John F. Ludden
9. *Father's Occupation* Junk Dealer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Anna Louisa Smith

Address

Remarks

ect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH.

27444

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 19th 78
4. Place of Birth (Street and Number)	62 Paca St.
5. Full Name of Mother	Anna Bimmler
6. Mother's Maiden Name	Bode
7. Mother's Birthplace	Hessen Darmstadt
8. Full Name of Father	John Bimmler
9. Fother's Occupotion	Dr Grater
10. Father's Birthplace	Bavaria
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	1328 S. Eutaw St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27445

HEALTH DEPARTMENT OCT 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 19 October
4. *Place of Birth (Street and Number)* No 101 Eastern Ave
5. *Full Name of Mother* Dora Hoffmann
6. *Mother's Maiden Name* Nil
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Hoffmann
9. *Father's Occupation* None
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Bromby

Remarks

RETURN OF A BIRTH.

27446

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ee Child

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October the 19. 1878.
4. *Place of Birth (Street and Number)* Balt. St. No 8.
5. *Full Name of Mother* Mary E. Condon
6. *Mother's Maiden Name* Mary E. Reagon
7. *Mother's Birthplace* Richmond St Virginia
8. *Full Name of Father* George H. Condon
9. *Father's Occupation* Shoe Dealer
10. *Father's Birthplace* New York St. New York

Name of Medical Attendant, or other Person who makes this Return. Mary E Muller

Address N. Dallas St. No 26.

Remarks

Vital Records of the States in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27114

ALTH DEP
OCT
23
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Children
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	19 of October 1878
4. *Place of Birth (Street and Number)*	No 68 Fadenhal St.
5. *Full Name of Mother*	Amanda Jane Frank
6. *Mother's Maiden Name*	Amanda Jane Morgan
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Frank
9. *Father's Occupation*	Cigarmaker
10. *Father's Birthplace*	Baltimor
Name of Medical Attendant, or other Person who makes this return	Sabina Grishaber
Address	No 128 West St. Baltimor Md.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27448

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White race
3. *Date of Birth*	19 of October 1878
4. *Place of Birth (Street and Number)*	No 207 West St.
5. *Full Name of Mother*	Katharina Carter
6. *Mother's Maiden Name*	Katharina Moran
7. *Mother's Birthplace*	Irland
8. *Full Name of Father*	Bernard Mulkern Carter
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Irland
Name of Medical Attendant, or other Person who makes this return	Sabina Grishaber
Address	No 125 West St Baltimore Md.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Neglect of Duty, Refusal or Failure to Make Returns, as required by Ordinances of the City of Baltimore.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

27449

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Octbr 19 1878
4. *Place of Birth (Street and Number)* 296 N Bond str.
5. *Full Name of Mother* Kathrine Pancoast
6. *Mother's Maiden Name* Kathr. Fleherd
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Johann Pancoast
9. *Father's Occupation* Engine
10. *Father's Birthplace* Oestreich

Name of Medical Attendant, or other Person who makes this Return. Maria K. Kudiger

Address 137 N. Bond str.

Remarks

1

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27456

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 28 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth October 19 - 1878
4. Place of Birth (Street and Number) 422 No ~~422~~ E. Fayette
5. Full Name of Mother Kate E. Higgins
6. Mother's Maiden Name Kate E. Ridley
7. Mother's Birthplace Baltimore
8. Full Name of Father James. Higgins
9. Father's Occupation Engineer
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Many & Atkinson
Address 286 N. Donough st
Remarks

RETURN OF A BIRTH.

27451

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Anglo-Saxon
3. *Date of Birth* Oct 19th 1878
4. *Place of Birth (Street and Number)* 122 Bolton St — Balto City
5. *Full Name of Mother* Lilly Powell
6. *Mother's Maiden Name* Lilly Smith
7. *Mother's Birthplace* Balto: Md
8. *Full Name of Father* William Lothrop Powell
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Alexandria Va

Name of Medical Attendant, or other Person who makes this Return. Def A Powell M D

Address 87 Franklin St

Remarks

The Return of Births is the Duty of Parents.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

27452

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 19th 1878
4. Place of Birth (Street and Number)	Welcome alley No 168 Balt
5. Full Name of Mother	Eliza Jane Traizer
6. Mother's Maiden Name	" Dorsey
7. Mother's Birthplace	Caroline Co
8. Full Name of Father	William Traizer
9. Father's Occupation	Seaman
10. Father's Birthplace	Arundell Co
Name of Medical Attendant, or other Person who makes this Return.	Mrs Francis Granby
Address	
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27453

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2, d

1. Sex (state whether Male or Female) male
2. Race or Color (if not of the white race) white
3. Date of Birth October 20/78
4. Place of Birth (Street and Number) 38 Bank
5. Full Name of Mother Elizabeth Kutter
6. Mother's Maiden Name " Rippel
7. Mother's Birthplace Germany
8. Full Name of Father Charles Kutter
9. Father's Occupation Laborer
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. P. L. Daunhard

Address 27 N. Broadway.

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

274574

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 21 '70 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st Nov 70
4. *Place of Birth (Street and Number)* 7 Jones Alley
5. *Full Name of Mother* Mary Baker
6. *Mother's Maiden Name* Bowers
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Wm. Baker
9. *Father's Occupation* ~~Boat~~ ~~Builder~~ Drayman
10. *Father's Birthplace* Baltic

Name of Medical Attendant, or other Person who makes this Return. Mrs M. E. Cooley

Address 115 Hanbury St

Remarks 6th living child

For Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27455

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH NOV 1878 BALTIMORE MD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 20 Oct 1878
4. *Place of Birth (Street and Number)* No 99 Mulberry Street
5. *Full Name of Mother* Ellen Noah Foster
6. *Mother's Maiden Name* Ellen Noah Tanner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Foster
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Doctor William

Address No 70 Chestnut Street

Remarks Mother and Child doing well

For keeping by Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27456

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 Oct.
4. Place of Birth (Street and Number)	57 Barnes St
5. Full Name of Mother	Marie Sott
6. Mother's Maiden Name	Mika
7. Mother's Birthplace	Kuzy Bohemia
8. Full Name of Father	Joseph Sott
9. Father's Occupation	Tailor
10. Father's Birthplace	Kuyck Bohemia
Name of Medical Attendant, or other Person who makes this Return.	G. Konrad
Address	20 Barnes St
Remarks	

RETURN OF A BIRTH.

27457

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12th
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 Oct.
4. Place of Birth (Street and Number)	20 Barnes St
5. Full Name of Mother	Josefina Kenad
6. Mother's Maiden Name	Pick
7. Mother's Birthplace	Tschenic Bohemia
8. Full Name of Father	Franz Kenad
9. Father's Occupation	Laborer
10. Father's Birthplace	Pacic Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Francis A. Nikel
Address	12 Barnes St
Remarks	

Fee Allowed by Police Commissioners to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27458

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 20th October 1878
4. *Place of Birth (Street and Number)* 91 Division st
5. *Full Name of Mother* Anna Kerr
6. *Mother's Maiden Name* Anna Tennent
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* James Kerr
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Theresia Engeldinger

Address 14 Union st

Remarks

27459

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Oct 20. 1878
4. *Place of Birth (Street and Number)* No 4 stockton Al
5. *Full Name of Mother* Sarah Tolbert
6. *Mother's Maiden Name* Sarah Bowers
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Joseph Tolbert
9. *Father's Occupation* Lab Labour
10. *Father's Birthplace* Price geo. Co

Name of Medical Attendant, or other Person who makes this Return. Chollod proctor

Address 10 Carlton st

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2714-60

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	8te
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	white
3. Date of Birth	Oct. 20. 1878
4. Place of Birth (Street and Number)	N. Warschington str No 115
5. Full Name of Mother	Mary Osterkamm
6. Mother's Maiden Name	Stenger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edt Osterkamm
9. Father's Occupation	Tailor
10. Father's Birthplace	Freesland Prussia
Name of Medical Attendant, or other Person who makes this Return.	Wm Fch Baumach
Address	S. Wolfs str No 28
Remarks	Wm Fch

27461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White race
3. Date of Birth Twenty first October 1878
4. Place of Birth (Street and Number) South East 11.28
5. Full Name of Mother Mary Ellen Hagen
6. Mother's Maiden Name Mary Ellen Carter
7. Mother's Birthplace Baltimore
8. Full Name of Father Carl Hagen
9. Father's Occupation Baker
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Miss Wiley
Address No 13 Patterson Park Ave
Remarks

* That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within [redacted] days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27462

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 29th 1878
4. Place of Birth (Street and Number)	No 253 N Central av.
5. Full Name of Mother	Catherine Himmelhaber
6. Mother's Maiden Name	~~Stamm~~ Klemmard
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Frederick Himmelhaber
9. Father's Occupation	Black Smith
10. Father's Birthplace	Darmstadt Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. J. Butt.
Address	No 185 E. cor. Central av. & Monument St.
Remarks	Well.

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27463

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT 22 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 20th 1878
4. Place of Birth (Street and Number)	142 Gath ay
5. Full Name of Mother	Sarah E Leech
6. Mother's Maiden Name	Sarah E. Travers
7. Mother's Birthplace	Dorchester Co Md
8. Full Name of Father	E M. Leech
9. Father's Occupation	Cooper
10. Father's Birthplace	Mass York
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

RETURN OF A BIRTH.

27464

OCT 28 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) White

2. Race or Color (if not of the white race)

3. Date of Birth Oct 20/78

4. Place of Birth (Street and Number) No 8 N. Green St.

5. Full Name of Mother Ada R. Ramsey

6. Mother's Maiden Name " Royster

7. Mother's Birthplace Dale Co Ala

8. Full Name of Father James W. Ramsey

9. Father's Occupation Salesman

10. Father's Birthplace North Carolina

Name of Medical Attendant, or other Person who makes this Return. H. L. Thornton M.D.

Address 37 S. Fremont St

Remarks

Penalty for neglect of Physician, Midwife, or other person to make Return of Birth to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9714-65

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.)

HEALTH DEPT. OCT 24 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 20th
4. *Place of Birth (Street and Number)* Hillen Stre No 15
5. *Full Name of Mother* Augustas Blackston
6. *Mother's Maiden Name* Augustus Lucket
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* geore Blackston
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Sophia Hines

Address 185 Chestnut Stre

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27466

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) Mulatto

3. Date of Birth 26 of October 1878

4. Place of Birth (Street and Number) 120 North Washington

5. Full Name of Mother Jennie M Robison

6. Mother's Maiden Name Jennie M Tart

7. Mother's Birthplace Baltimore

8. Full Name of Father John L Tart

9. Father's Occupation Blacksmith

10. Father's Birthplace Union county Pennsylvania

Name of Medical Attendant, or other Person who makes this Return. Presentation granted

Address 11 North Chapel at St John Church

Remarks Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27467

HEALTH DEPT. OCT 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)*

3. *Date of Birth* 26th october 1878

4. *Place of Birth (Street and Number)* 15 Buchanan

5. *Full Name of Mother* Alice Carpenter

6. *Mother's Maiden Name* Alice Thiessen

7. *Mother's Birthplace* Finland

8. *Full Name of Father* Robert Boyle

9. *Father's Occupation* Carpenter

10. *Father's Birthplace* Finland

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No. 12 Patterson park Ave

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27468

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sunday Oct 20th 1878
4. Place of Birth (Street and Number)	Balto West & No 151 South
5. Full Name of Mother	[illegible] H. Sara
6. Mother's Maiden Name	H. Finney
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	A. F. Say
9. Father's Occupation	Ice Dealer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Louisa Wiley
Address	No 12 Patterson Park A V
Remarks	

RETURN OF A BIRTH.

27469

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex (state whether Male ~~or Female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October the. 20. 1878.
4. *Place of Birth (Street and Number)* S. Dallas St. N° 128.
5. *Full Name of Mother* Mary Bickel
6. *Mother's Maiden Name* Mary Troldt
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Simon Bickel
9. *Father's Occupation* Tournelure maker
10. *Father's Birthplace* Bamberg. K. Baiern. Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Muller

Address N. Dallas St. N° 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27470

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 20th 1878
4. Place of Birth (Street and Number)	No 12 Wall st
5. Full Name of Mother	Jane Hester
6. Mother's Maiden Name	Jane Bell
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Hester
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 101 W. Cross st
Remarks	

DEPARTMENT OF HEALTH OCT 28 1878 BALTIMORE

Vital Records of Vital Statistics of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27471

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	20 October
4. Place of Birth (Street and Number)	118 Cooks Street South Pt
5. Full Name of Mother	Mary Hose
6. Mother's Maiden Name	Mary Hose
7. Mother's Birthplace	York Co Pa
8. Full Name of Father	Jam Hose
9. Father's Occupation	Labor
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Margaret E Hose, Cubiva Street South Pt

RETURN OF A BIRTH.

27472

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18 th warde

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* colarde
3. *Date of Birth* barne one the 21 of octaber
4. *Place of Birth (Street and Number)* Stockholen St nomer 22
5. *Full Name of Mother* elicer jone cathen mow lock
6. *Mother's Maiden Name* elicer jone cathen mills
7. *Mother's Birthplace* barne ine baltimore
8. *Full Name of Father* williaum henry pemes mow lock
9. *Father's Occupation* oyster shucker
10. *Father's Birthplace* combrige

Name of Medical Attendant, or other Person who makes this Return. Businey mills

Address

Remarks

Returns to be made to the Registrar of the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27473

NOV 13 1876 BALTIMOR

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 9 1876
4. *Place of Birth (Street and Number)* Baltimore Cook Alley
5. *Full Name of Mother* Margret Ballot
6. *Mother's Maiden Name* " Ridgely
7. *Mother's Birthplace* Baltimore "
8. *Full Name of Father* Harris Ballot
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace* Snow Hill Worcester

Name of Medical Attendant, or other Person who makes this Return. Amelia Watson

Address 388 cross st

Remarks.

Printed Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

274711

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st October 1878
4. *Place of Birth (Street and Number)* 341 Franklin st
5. *Full Name of Mother* Elizabeth Freyer
6. *Mother's Maiden Name* " Zoeke
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Frank Freyer
9. *Father's Occupation* Housekeeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Theresia Eigelsinger

Address 14 Union st

Remarks

RETURN OF A BIRTH.

27175

HEALTH DEPT. NOV 1878 BALTIMORE MD.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21st of October
4. *Place of Birth (Street and Number)* No 21 Little Conrad Street
5. *Full Name of Mother* Margret Speckeler
6. *Mother's Maiden Name* Margret Schrader
7. *Mother's Birthplace* Philadelphia Pa
8. *Full Name of Father* Joseph Speckeler
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Bremen Germany

Name of Medical Attendant, or other Person who makes this return Mrs C McGuire

Address No 43 E Lombard Street

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FOR RECORD OF VITAL STATISTICS IN THE City of Baltimore.

27476

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH OBSV. OCT 31 1878. BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 21st 1878
4. *Place of Birth (Street and Number)* No 301 Wilkens Ave
5. *Full Name of Mother* Maria Yaeger
6. *Mother's Maiden Name* Lindemeyer
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Henry Yaeger
9. *Father's Occupation* Oyster Packer
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchmann

Address 20 Barre

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27477

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 31. Dec
4. *Place of Birth (Street and Number)* 36 Duncan Alley
5. *Full Name of Mother* Katharina Kraus
6. *Mother's Maiden Name* Bacon
7. *Mother's Birthplace* Bohemia
8. *Full Name of Father* Josef Kraus
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bohemia

Name of Medical Attendant, or other Person who makes this Return. J. Kraus

Address 30 Barnett

Remarks

RETURN OF A BIRTH. 27478

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Monday October 21st
4. Place of Birth (Street and Number)	297 Mosher St
5. Full Name of Mother	Charlotte Caroline Berricloth
6. Mother's Maiden Name	Charlotte Caroline Stidman
7. Mother's Birthplace	Bristol, England
8. Full Name of Father	Henry Berricloth
9. Father's Occupation	House & Sign Painter
10. Father's Birthplace	London, England
Name of Medical Attendant, or other Person who makes this Return.	Charles Hall M.D
Address	317 Mosher St
Remarks	

Penalty for Violation of this Ordinance in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27479

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 21st 1878
4. Place of Birth (Street and Number)	1314 Park St
5. Full Name of Mother	Sallie E Jackson
6. Mother's Maiden Name	Sallie E Keene
7. Mother's Birthplace	Virginia
8. Full Name of Father	Cupid M Jackson
9. Father's Occupation	Carpenter
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cotton M D
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27480

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	21 Oct
4. *Place of Birth (Street and Number)*	277 N Eden St
5. *Full Name of Mother*	Elisabeth J Armitage Mc Ginnis
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	P E Armitage
9. *Father's Occupation*	Clerk
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J Chrisman
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27481

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name Anna ~~Katharine Lange~~ Katherine Lange

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 21 st 1878
4. Place of Birth (Street and Number)	No 273 Sharp st
5. Full Name of Mother	Anna Lange
6. Mother's Maiden Name	Miller
7. Mother's Birthplace	Germany
8. Full Name of Father	Ferdinand Lange
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr Schroeder midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

27482

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Monday October 21st
4. *Place of Birth (Street and Number)* 142 Hill St
5. *Full Name of Mother* Hester Stewart
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Calvert County Md
8. *Full Name of Father*
9. *Father's Occupation* Ship St Shoemaker
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Susan Johnson

Address

Remarks Died October 25 of inward Spasms

Jacob Davis No 103 Lee St

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27483

HEALTH DEPARTMENT OCT. 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st Oct. 1878
4. Place of Birth (Street and Number)	No 37 Burke st
5. Full Name of Mother	Rasa Rath
6. Mother's Maiden Name	Rasa Muench
7. Mother's Birthplace	Germany
8. Full Name of Father	Wendelin Rath
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louisa Graft
Address	236 Canton Avenue.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2714811

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Seventh Child

1. *Sex (state whether Male or Female)* A Male Child
2. *Race or Color (if not of the white race)* of the white race
3. *Date of Birth* the 21 of October
4. *Place of Birth (Street and Number)* 26 H Shroder Street
5. *Full Name of Mother* Mrs Paul Braun
6. *Mother's Maiden Name* Barbara Shading
7. *Mother's Birthplace* York Pa
8. *Full Name of Father* Mr Paul Braun
9. *Father's Occupation* A Shoemaker
10. *Father's Birthplace* Germanny

Name of Medical Attendant, or other Person who makes this Return

Address Mrs Lumbard Street

Remarks

RETURN OF A BIRTH.

27485

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 21th

4. Place of Birth (Street and Number) Baltimore 47 E Fayette St

5. Full Name of Mother Margie Howard

6. Mother's Maiden Name Margie Ward

7. Mother's Birthplace England

8. Full Name of Father Thomas Howard

9. Father's Occupation Painter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. W. Rice

Address 1226 N Eutaw St

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...l Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27486

HEALTH DEPARTMENT OCT 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Monday October 21st
4. *Place of Birth (Street and Number)* 142 Hill Street
5. *Full Name of Mother* Hester Stewart
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Colbert County Ala
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Thos a Duffield R 27486

Name of Medical Attendant, or other Person who makes this Return. Susan Johnson

Address

Remarks Died October 25th of inan[illegible] Thos

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27487

HEALTH DEPT. SEP 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	21st October 1878
4. Place of Birth (Street and Number)	No 28 Brent St
5. Full Name of Mother	Anne Brenner
6. Mother's Maiden Name	Anne Haldoefer
7. Mother's Birthplace	Baltemore
8. Full Name of Father	Frederick Brenner
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltemore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Kraft
Address	236 Canton Avenue
Remarks	

RETURN OF A BIRTH.

27488

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Fees Records of Vital Statistics in the City of Baltimore

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth Child

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 22d 1878

4. Place of Birth (Street and Number) N 48 N Green St

5. Full Name of Mother Mary Josephine Herzog

6. Mother's Maiden Name Mary Josephine Schiek

7. Mother's Birthplace Baltimore

8. Full Name of Father John Henry Herzog

9. Father's Occupation Storekeeper

10. Father's Birthplace Kleinosthein. Bavaria Germany

Name of Medical Attendant, or other Person who makes this Return. H. Ratard M.D.

Address N. 114 Park Ave.

Remarks

RETURN OF A BIRTH.

27189

NOV 2 1878

HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether Male or Female)* Female.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 21. 1878.
4. *Place of Birth (Street and Number)* No 38 Harford Avenue
5. *Full Name of Mother* Georgie A ~~Grant~~ Deacon.
6. *Mother's Maiden Name* Georgie A Gaunth.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Mary S. Deacon.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace* Phila Pas.

Name of Medical Attendant, or other Person who makes this Return. Dena Shilageth.

Address No 181. East Monument st

Remarks

RETURN OF A BIRTH.

27490

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 21 Oct
4. *Place of Birth (Street and Number)* Fawn St no 74
5. *Full Name of Mother* Johanna Bowers
6. *Mother's Maiden Name* Lewis
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* John Bowers
9. *Father's Occupation* Police officer
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. Mrs Guy

Address no 113 north Eden st

Remarks

RETURN OF A BIRTH.

27491

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 21 1878 BALTIMORE

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex (~~state whether~~ Male ~~or Female~~)

2. Race or Color (~~if not of the~~ white race)

3. Date of Birth October 21st 1878.

4. Place of Birth (Street and Number) 160 Lexington St

5. Full Name of Mother Hetty Herring

6. Mother's Maiden Name Hetty Goerig

7. Mother's Birthplace Germany

8. Full Name of Father August Herring

9. Father's Occupation Cigarmaker

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. John F. K. Wood M.D.

Address

Remarks

Penalty for Failure to make Returns to the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27492

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	Octo. 21st 1878
4. Place of Birth (Street and Number)	Maternite 26 Hospital — 162 W. Lombard St.
5. Full Name of Mother	H. E. Craven
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Md.
8. Full Name of Father	Mr. Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	B. J. Thomas Opr. M.D.
Address	N. W. Cor. Lexington & Carey Sts
Remarks	Mother and child doing well

Dan'l Strull M.D. Resident Physician

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

And Records of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 28 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 21 – 1878
4. Place of Birth (Street and Number)	No 172 N Wolfe st
5. Full Name of Mother	Hattie P. Marshall
6. Mother's Maiden Name	Hattie P Barickman
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mildred T. Marshall
9. Father's Occupation	Sugar-maker
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mary A Hall
Address	281 N Donough st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty imposed by Public Statutes of the City of Baltimore.

RETURN OF A BIRTH.

27494

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Oct 21st 78
4. *Place of Birth* (Street and Number)	63 Sterling
5. *Full Name of Mother*	Margaret Bull
6. *Mother's Maiden Name*	Wright
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Chas H Bull
9. *Father's Occupation*	Rail Roader
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	Wm Whitridge M.D.
Address	
Remarks	

Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27495

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 22 1878.
4. Place of Birth (Street and Number)	No 25 Sommerset St.
5. Full Name of Mother	Hersha
6. Mother's Maiden Name	Wolters.
7. Mother's Birthplace	Germany.
8. Full Name of Father	Charles Hersha
9. Father's Occupation	Labor.
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louis Hilgert.
Address	No 182 Monument St.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty for Neglect, Refusal or Misstatement, Ten Dollars.

RETURN OF A BIRTH.

27196

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Tuesday 22nd of October
4. *Place of Birth (Street and Number)* Marion Street No 31
5. *Full Name of Mother* Caroline Cottrill
6. *Mother's Maiden Name* Carlonne Blunt
7. *Mother's Birthplace* Loudon County Va
8. *Full Name of Father* Burley Cottrell
9. *Father's Occupation* Labor in General
10. *Father's Birthplace* Albemarle Co Virginia

Name of Medical Attendant, or other Person who makes this Return. Louis Hinson Mus Allen

Address 126 Lexington Street Baltimore

Remarks Stubbs No 42 N Short st Balto md

The Record of Births in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27497

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 31 78 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth Oct 22d 78

4. Place of Birth (Street and Number) No 82 Cambridge St

5. Full Name of Mother Louise Lindner

6. Mother's Maiden Name Gast

7. Mother's Birthplace City

8. Full Name of Father Peter Lindner

9. Father's Occupation Laborer

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Barbier

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 4
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	22 of Oct 1878
4. *Place of Birth (Street and Number)*	Gilder Av.
5. *Full Name of Mother*	Lizzie Lorenz
6. *Mother's Maiden Name*	Lizzie Lorenz
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	John Lorenz
9. *Father's Occupation*	Cabinet
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mary Walla
Address	125 N. Caution
Remarks	

ver Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27499

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	~~This~~ Sunday October 20 1878
4. Place of Birth (Street and Number)	No 308 Broadt Street.
5. Full Name of Mother	Mrs Minnie Heinz.
6. Mother's Maiden Name	Minnie Diels
7. Mother's Birthplace	Born Baltimore Md.
8. Full Name of Father	Mr Jacob Heinz.
9. Father's Occupation	Glass worker
10. Father's Birthplace	Baden Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr Jerome Münf
Address	98 Ludmy & Allegheny
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27500

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	22d October 1878
4. Place of Birth (Street and Number)	192 S. Bethel st
5. Full Name of Mother	Alice Moore
6. Mother's Maiden Name	Alice Bath
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Christian Moore
9. Father's Occupation	Dyer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Louisa Kraft
Address	236 Canton Avenue
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

27501

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* October 22d 1878. 6 AM.
4. *Place of Birth (Street and Number)* #42 Rock Street.
5. *Full Name of Mother* Mary Griffith
6. *Mother's Maiden Name* Mary Smack
7. *Mother's Birthplace* Balto.
8. *Full Name of Father* Elias Griffith.
9. *Father's Occupation* Carpenter
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Chas W. Cropper. M.D.

Address 343 Lexington St.

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Fee Allowed by Public Statutes in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27502.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 22 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* Negro
3. *Date of Birth* october 22 1878
4. *Place of Birth (Street and Number)* Race St no 4
5. *Full Name of Mother* Debby Riley
6. *Mother's Maiden Name* Debby Cooley
7. *Mother's Birthplace* was born bambrige Dorchester county
8. *Full Name of Father* William Riley
9. *Father's Occupation* a Rut for living
10. *Father's Birthplace* was born Baltimore

Name of Medical Attendant, or other Person who makes this Return. Nancy Mogey

Address Winter St no 24

Remarks Baltimore

RETURN OF A BIRTH.

27503

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Oct 22nd 1878
4. Place of Birth (Street and Number)	Baltimore City # 27 Hanover St
5. Full Name of Mother	Emma Clark
6. Mother's Maiden Name	Emma Simms
7. Mother's Birthplace	Hagerstown Md
8. Full Name of Father	Robt Henry Clark
9. Father's Occupation	Waiter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	Ann Elizabeth Bias
Address	# 57 Raburg St
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty imposed by Public Ordinances of the City of Baltimore.

RETURN OF A BIRTH.

27,504

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female).* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 22. 1878
4. *Place of Birth (Street and Number)* No 2 Carlton
5. *Full Name of Mother* Georgana Evison
6. *Mother's Maiden Name* Georgana Gray
7. *Mother's Birthplace* Baltimore md
8. *Full Name of Father* Philip Evison
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Chollot Proctor

Address No Carlton st

Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27505

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEP. OCT 26 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Tenth child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	22nd October 1878.
4. Place of Birth (Street and Number)	No 16th Townsend St.
5. Full Name of Mother	Louiza Elizabeth Fitchette
6. Mother's Maiden Name	" " "
7. Mother's Birthplace	Northumpton Co. Virginia
8. Full Name of Father	George Marion Fitchette
9. Father's Occupation	Painter
10. Father's Birthplace	Eastern Shore of Virginia
Name of Medical Attendant, or other Person who makes this Return.	Charles A. Leigan. M. D.
Address	No. 257 Druid Hill Ave.
Remarks	Nothing unusual, worth noting.

RETURN OF A BIRTH.

97506

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* fem.
2. *Race or Color (if not of the white race)* —
3. *Date of Birth* 22 Oct 1878.
4. *Place of Birth (Street and Number)* 267 Park ave
5. *Full Name of Mother* Catherine King
6. *Mother's Maiden Name* " McManus
7. *Mother's Birthplace* Md
8. *Full Name of Father* George King
9. *Father's Occupation* coachman
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return. Geo. Dannehue

Address 129 N. Eutaw

Remarks

Fees Received by Public Authorities in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27507

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE NOV 7 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* October 22d.
4. *Place of Birth (Street and Number)* 450 Saratoga Street
5. *Full Name of Mother* Catharine Heise.
6. *Mother's Maiden Name* Catharine Ruth.
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Charles Heise.
9. *Father's Occupation* Baker.
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return.

Address Anne Dawson 66 Schroeder St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27508

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Sixth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo. 22d 1878
4. Place of Birth (Street and Number)	282 Division St
5. Full Name of Mother	Mary Rebekah Watts
6. Mother's Maiden Name	Correll
7. Mother's Birthplace	Carroll Co Md
8. Full Name of Father	Thos Joseph Watts
9. Father's Occupation	Carpenter
10. Father's Birthplace	Pikesville Balto Co Md
Name of Medical Attendant, or other Person who makes this Return.	H O Christian M.D.
Address	431 Penna Ave
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27509

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	22d Octo. 1878
4. Place of Birth (Street and Number)	No 191 Lancaster st
5. Full Name of Mother	Katharina Wlebinowska
6. Mother's Maiden Name	" Enneke
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Mathias Wlebinowska
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Jessie Wlezl
Address	No 248 E Lombard st
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27510

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

BALTIMORE DEPT. OF HEALTH OCT 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race)
3. Date of Birth Oct 22 - 1878
4. Place of Birth (Street and Number) No 305 Orleans st
5. Full Name of Mother Agnes G. Garing
6. Mother's Maiden Name Agnes G. Jones
7. Mother's Birthplace Baltimore
8. Full Name of Father James H Garing
9. Father's Occupation Painter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Mary A Allwell
Address 281 N Donogh st
Remarks

Vital Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	6th "
1. Sex (state whether Male or Female)	Male "
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 22d 1878
4. Place of Birth (Street and Number)	61 E. Durst Alley
5. Full Name of Mother	Mary Bush
6. Mother's Maiden Name	Mary Lead
7. Mother's Birthplace	Germany
8. Full Name of Father	John Bush
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Catherine Horner
Address	No 106 Wes St
Remarks	

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27512

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 22 October 1878
4. *Place of Birth (Street and Number)* N°40 Fillmore St
5. *Full Name of Mother* Marie Louise
6. *Mother's Maiden Name* Loben
7. *Mother's Birthplace* U S
8. *Full Name of Father* John Louise
9. *Father's Occupation* Grocery Keeper
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs. Tira Carver

Address 52 E Lombard St

Remarks

Fee: Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27513

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct. 23rd 1878
4. *Place of Birth (Street and Number)*	369 Gough St.
5. *Full Name of Mother*	Elizabeth Miller Moore
6. *Mother's Maiden Name*	Brian
7. *Mother's Birthplace*	Delaware
8. *Full Name of Father*	James Kelton Moore
9. *Father's Occupation*	Iron worker
10. *Father's Birthplace*	Harford Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	C. H. Byrn M.D.
Address	406 E. Balto. St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

97511

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 23rd 1878
4. *Place of Birth (Street and Number)* 120 S. Carlton St.
5. *Full Name of Mother* Mary Brown
6. *Mother's Maiden Name* " Mc. Gowan
7. *Mother's Birthplace* City
8. *Full Name of Father* Jefferson Brown
9. *Father's Occupation* Mariner
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchanan

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

f. 1

RETURN OF A BIRTH.

27515

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 31 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 23d 1878
4. *Place of Birth (Street and Number)* 210 S. Gay st.
5. *Full Name of Mother* Lizzie Davis
6. *Mother's Maiden Name* " Rinehart
7. *Mother's Birthplace* City
8. *Full Name of Father* Edward Davis
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Buschman

Address 120 Bank st.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27516

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	23rd Oct. 1878
4. *Place of Birth (Street and Number)*	Urban St.
5. *Full Name of Mother*	Rosa Gerber
6. *Mother's Maiden Name*	Rosa Waller
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	William Gerber
9. *Father's Occupation*	Confectionary
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Mary Waller
Address	125 N. Caroline
Remarks	

vent Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27517

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 Children

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct. 23rd 1878
4. *Place of Birth (Street and Number)* 685. West Baltimore St
5. *Full Name of Mother* Sarah Rosenthall
6. *Mother's Maiden Name* Sarah Rosenthall
7. *Mother's Birthplace* Hamburg Germany
8. *Full Name of Father* Hirsch Rosenthall
9. *Father's Occupation* Notion & Fancy Dealer
10. *Father's Birthplace* Polan Russia

Name of Medical Attendant, or other Person who makes this Return. Geo H Wilson

Address 18 Aisquith

Remarks

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27518

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	White female
2. Race or Color (if not of the white race)	
3. Date of Birth	October 23d 1878
4. Place of Birth (Street and Number)	262 Hanover St.
5. Full Name of Mother	~~Christian~~ Lonnborn Catharine
6. Mother's Maiden Name	Catharine Cliser
7. Mother's Birthplace	Germany
8. Full Name of Father	Christian Lonneborne
9. Father's Occupation	Groceries
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Barbara Wing
Address	98 Lombard West
Remarks	

Form Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27519

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Oct 23. 1878
4. Place of Birth (Street and Number) No pages court
5. Full Name of Mother
6. Mother's Maiden Name Mollie Jones
7. Mother's Birthplace Balto md
8. Full Name of Father No further father
9. Father's Occupation
10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return, Chollot Rector

Address No 10 carlton st

Remarks

Sect. Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27520

HEALTH DEPARTMENT OCT 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forth

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 23 of october
4. *Place of Birth (Street and Number)* 33 Essex St 1878
5. *Full Name of Mother* Elizabeth dean
6. *Mother's Maiden Name* Elizabeth E. Doughty
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* James Thos Dean
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Elkton Cecil Co Md

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Patterson Park Av

Remarks

Fact Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the data of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27521

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 27 1878
4. Place of Birth (Street and Number)	Gough St. 295
5. Full Name of Mother	Lucy Myers
6. Mother's Maiden Name	Lucy Brandon
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Charles E. Myers
9. Father's Occupation	Ship Carpenter
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Louisa Wiley
Address	No. 12 Patterson Park Av.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27522

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* Feb 25 1900

4. *Place of Birth (Street and Number)* 205 Maryland Avenue

5. *Full Name of Mother* Agnes Chris Tunnehill

6. *Mother's Maiden Name* Agnes Chris

7. *Mother's Birthplace* Virginia

8. *Full Name of Father* Robert Tunnehill

9. *Father's Occupation* Clerk

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. H. P. Mundinger M.D.

Address

Remarks 58 Read St

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27523

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 24 1878 BALTIMORE.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	23d October 1878
4. Place of Birth (Street and Number)	No 8 Thames St
5. Full Name of Mother	Anna Behner
6. Mother's Maiden Name	Anna Smith
7. Mother's Birthplace	Germany
8. Full Name of Father	John Behner
9. Father's Occupation	Car Driver
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louisa Kraft
Address	238 Canton Avenue
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 27524

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First 1
1. Sex (state whether ~~Male or~~ Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 23. 1878. ~~Lancaster St.~~
4. Place of Birth (Street and Number)	No. 73. Lancaster St.
5. Full Name of Mother	Adeline Lenzino
6. Mother's Maiden Name	Adeline Chiesa.
7. Mother's Birthplace	Italy
8. Full Name of Father	Emmanuele Ferdinando Lenzino,
9. Father's Occupation	Sea Captain
10. Father's Birthplace	Italy
Name of Medical Attendant, or other Person who makes this Return.	J. M. Sullivan. M. D.
Address	116 Thames St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27525

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	23d of October
4. Place of Birth (Street and Number)	No 12 Harrison St
5. Full Name of Mother	Carmillo Du Pala
6. Mother's Maiden Name	Carmillo Perry
7. Mother's Birthplace	Wales
8. Full Name of Father	Joseph Du Pala
9. Father's Occupation	Fruite Vender
10. Father's Birthplace	Wales
Name of Medical Attendant, or other Person who makes this Return.	Lawrence Kriss Physician
Address	No 26 E Lundrick St
Remarks	

L D.L

27526

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 4

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* Oct Nov 23. 18. 78.
4. *Place of Birth (Street and Number)* Little Mount Ment. St. No. 36. Baltimore.
5. *Full Name of Mother* Sarie Flood
6. *Mother's Maiden Name* Sarie young
7. *Mother's Birthplace* Eston Shore
8. *Full Name of Father* Lord young
9. *Father's Occupation* Color
10. *Father's Birthplace* Enon Mill

Name of Medical Attendant, or other Person who makes this Return. Mrs. Mary E. Chew

Address No. 14. N. Bron St Baltimore Md.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27527

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2r

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 23. of Oktober
4. *Place of Birth (Street and Number)* No 65. S. Schroederstrat
5. *Full Name of Mother* Charlotte Marbert
6. *Mother's Maiden Name* Lohmeyer
7. *Mother's Birthplace* Germane
8. *Full Name of Father* Augst Marbert
9. *Father's Occupation* Grocery
10. *Father's Birthplace* Germane

Name of Medical Attendant, or other Person who makes this Return. Mrs Dunker

Address No 60 S. Schroeder

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27528

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) sixth

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 23d 1878
4. *Place of Birth (Street and Number)* South Mount Street
5. *Full Name of Mother* Celia Goodwin
6. *Mother's Maiden Name* Celia Maynard
7. *Mother's Birthplace* Prince George County
8. *Full Name of Father* Thomas Goodwin
9. *Father's Occupation* Oyster Dealer, 36 Frederick Avenue
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary F. Richardson

Address 212 Dover Street

Remarks Five healthy Child

Mary F. Richardson 212 Dover Street

reet Record of Vital Statistics in the City of Baltimore.

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27529

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Female Twin
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born on the 23rd Oct 1878
4. *Place of Birth (Street and Number)* 87 Wilkinson St.
5. *Full Name of Mother* Mrs. Theaffes
6. *Mother's Maiden Name* Mc Smith
7. *Mother's Birthplace* City of Balto.
8. *Full Name of Father* Mc Benton Theaffes
9. *Father's Occupation* Butcher
10. *Father's Birthplace* City of Balto.

Name of Medical Attendant, or other Person who makes this return Mrs. Theaffes

Address 87 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

275.31

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT NOV 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	28th October 1878
4. Place of Birth (Street and Number)	15 North Chapel st
5. Full Name of Mother	Babri Friang
6. Mother's Maiden Name	Babri Hamberg
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Daniel Hamberg
9. Father's Occupation	Laborer Baltimore
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Kemp
Address	15 North Chapel st
Remarks	Healthy

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27531

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 28 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Mallatto
3. *Date of Birth* Oct 23.1878
4. *Place of Birth (Street and Number)* 332 Raborg st
5. *Full Name of Mother* henreta halkins
6. *Mother's Maiden Name* henreta Bull
7. *Mother's Birthplace* Erick va
8. *Full Name of Father* Henry Halkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Haward county

Name of Medical Attendant, or other Person who makes this Return. Mrs proctor

Address No 10 carlton st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27532

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4 th.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 24. 1878
4. *Place of Birth (Street and Number)* Baltimore 118. Johnson st
5. *Full Name of Mother* Elizebeth Wall
6. *Mother's Maiden Name* " " Stang
7. *Mother's Birthplace* Marburg Germany
8. *Full Name of Father* Conrad Wall
9. *Father's Occupation* Wagoner
10. *Father's Birthplace* Saxony

Name of Medical Attendant, or other Person who makes this Return. Mrs Ann Nash

Address

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27533

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 30 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2 child 24 ☆

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Wright
3. Date of Birth 24
4. Place of Birth (Street and Number) Baltimore corner gaden & madison
5. Full Name of Mother Mary
6. Mother's Maiden Name Tuttle
7. Mother's Birthplace irland
8. Full Name of Father William A Shelby
9. Father's Occupation city work
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. M^r Guy 113 ● eden st

Address

Remarks

RETURN OF A BIRTH.

273311

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 31 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 24th 1878
4. *Place of Birth (Street and Number)* 214 Aliceanna St
5. *Full Name of Mother* Katie Jefferson
6. *Mother's Maiden Name* " Miller
7. *Mother's Birthplace* City
8. *Full Name of Father* Beverly Jefferson
9. *Father's Occupation* Painter
10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. Mrs Elizabeth Buchanan

Address 120 Bank St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27535

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ck

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 24th 1878
4. *Place of Birth (Street and Number)* 87 N Spring St
5. *Full Name of Mother* Cecelia Hilton
6. *Mother's Maiden Name* Cecelia Williams
7. *Mother's Birthplace* Baltimore
8. *Full Name of Futher* Isaac McKelvey
9. *Father's Occupation* Barber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Catherine D Cooley

Address 87 N Spring St

Remarks

Street Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27536

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
31
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth child.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	Colored.
3. Date of Birth	24th Oct.
4. Place of Birth (Street and Number)	230 Caroline St.
5. Full Name of Mother	Emma Williams
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Solomon Williams
9. Father's Occupation	Oyster Schucker.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Mackin.
Address	288 S. Bond St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

2753

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Oct 24th 1878
4. Place of Birth (Street and Number)	No 190 Henrietta st
5. Full Name of Mother	Caroline Schmidt
6. Mother's Maiden Name	Backel
7. Mother's Birthplace	Germany
8. Full Name of Father	George Schmidt
9. Father's Occupation	Shoemaker
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Schwaabe midwife
Address	213 Cross st.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27538

HEALTH DEPARTMENT OCT 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct. 24. 1878
4. *Place of Birth (Street and Number)* S. Conn st bet 27 & 28
5. *Full Name of Mother* Anna Gesselmann
6. *Mother's Maiden Name* Locke
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Gesselmann
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace* Lane Oldenburg

Name of Medical Attendant, or other Person who makes this Return. Mrs Joh Prautnick

Address S. Wolfe st 1028

Remarks Midwife

27539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 26 1878 BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 20th 1878
4. Place of Birth (Street and Number)	58 York St
5. Full Name of Mother	Margaret Miller
6. Mother's Maiden Name	Margaret Russell
7. Mother's Birthplace	Washington D.C.
8. Full Name of Father	John Miller
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

27540

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

OCT 29 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	October 24th, 1878.
4. Place of Birth (Street and Number)	516 Monument St.
5. Full Name of Mother	Mary Garrett.
6. Mother's Maiden Name	Mary McCall.
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Wm. T. Garrett.
9. Father's Occupation	House Carpenter.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Jno. J. Sullivan M. D.
Address	116 Thames St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27514

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* october 24 1878
4. *Place of Birth (Street and Number)* 70 pacan st
5. *Full Name of Mother* edith wilmot
6. *Mother's Maiden Name* edith burr
7. *Mother's Birthplace* baltimore city
8. *Full Name of Father* alfred wilmot
9. *Father's Occupation* butler
10. *Father's Birthplace* baltimore city

Name of Medical Attendant, or other Person who makes this return Rachel angell

Address 433 pacan st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

275129

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	24 October 1878
4. Place of Birth (Street and Number)	34 Aisquith Alley
5. Full Name of Mother	Maria Hubert
6. Mother's Maiden Name	" Bleiz
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Christopher Hubert
9. Father's Occupation	Baker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Henrietta Engelbrecht
Address	111 Union St
Remarks	

Correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27543

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 20 1878 BALTIMORE HEALTH

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 24th 1878
4. Place of Birth (Street and Number)	No 567 West Lombard St
5. Full Name of Mother	Kate Quinn
6. Mother's Maiden Name	Kate Forster
7. Mother's Birthplace	Ireland
8. Full Name of Father	James Williams
9. Father's Occupation	Engineer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Edw Fullerkamp
Address	509 West Lombard St
Remarks	Going well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

273411

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth October 24 1878

4. Place of Birth (Street and Number) Lanvale St between Fremont St & Payne Ave

5. Full Name of Mother Aline B. C. Damman

6. Mother's Maiden Name Aline B C. Cowardine

7. Mother's Birthplace Richmond Virginia

8. Full Name of Father John Francis Damman

9. Father's Occupation Merchant

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. W. Chabard M.D.

Address 1114 Park Ave.

Remarks

RETURN OF A BIRTH.

27545

NOV

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12ten Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* geboren den 24ten October
4. *Place of Birth (Street and Number)* 1½80 Block Str
5. *Full Name of Mother* Terronika Esser
6. *Mother's Maiden Name* Terronika Hurpelat
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Henry Esser
9. *Father's Occupation* Handarbeiter
10. *Name of Medical Attendant, or other Person who makes this return* Friedrike Kuipmann

Address No 204 S Dallas Str

Remarks Hemmer

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27516

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. OCT 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) white
3. Date of Birth Octbr. 24 1878
4. Place of Birth (Street and Number) 9 Water Street
5. Full Name of Mother Friedrike Wagner
6. Mother's Maiden Name Friedrike Liebgott
7. Mother's Birthplace Germany
8. Full Name of Father Carl Wagner
9. Father's Occupation Baker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Marie K. Ridge

Address 134 S. Bond St.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27517

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. 29 1878 BALTIMORE

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Octbr 24 1878
4. *Place of Birth (Street and Number)* 216 n Gai Street
5. *Full Name of Mother* Luise Zirke
6. *Mother's Maiden Name* Luise Telle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Ernst Zirke
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie A. Reding

Address 134 S. Sandstreet

Remarks

RETURN OF A BIRTH.

273118

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

OCT 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 24 October.
4. *Place of Birth (Street and Number)* No 47 Monroe St.
5. *Full Name of Mother* Lisse Hahl
6. *Mother's Maiden Nome* Lang
7. *Mother's Birthplace* Germane
8. *Full Nome of Father* Mil. Hahl.
9. *Father's Occupation* Car Driver
10. *Father's Birthploce* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Miss Snyder

Address No 45 Monroe St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

2/5519

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* W
3. *Date of Birth* 24 October 1878
4. *Place of Birth (Street and Number)* 29 Front St
5. *Full Name of Mother* Sara Edward
6. *Mother's Maiden Name* Fesnham
7. *Mother's Birthplace* U S
8. *Full Name of Father* Alfred Edward
9. *Father's Occupation* Working mann
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sara Casper

Address 52 E. Lombard St

Remarks

Legal Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27550

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Son

1. *Sex (state whether Male or Female)* mail
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* October 25
4. *Place of Birth (Street and Number)* 66 Locust alley No 93
5. *Full Name of Mother* Nancy Evans
6. *Mother's Maiden Name*
7. *Mother's Birthplace*
8. *Full Name of Father* Alfred Smith
9. *Father's Occupation* Engineer
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return.

Address No. 18 Gordon alley

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27551

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. OCT 30 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 25th 1878

4. Place of Birth (Street and Number) 162 E. Fayette St.

5. Full Name of Mother Theresia Bone

6. Mother's Maiden Name Schweig

7. Mother's Birthplace Germany

8. Full Name of Father William Bone

9. Father's Occupation Wood Turner

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Francis A. Sauer M.D.

Address 106 N. Central Avenue

Remarks

ver Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27532

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
31
1878
BALTIMORE.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 25 Oct 1878
4. *Place of Birth (Street and Number)* 256 E. Eager St
5. *Full Name of Mother* Amalie Schmidt
6. *Mother's Maiden Name* Brandt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Adam Schmidt
9. *Father's Occupation* Machinist
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return Gertraud Miller

Address 151 E. Watt St.

Remarks

27553

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 31 1878
BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex* (state whether Male or Female)	Male
2. *Race or Color* (if not of the white race)	White
3. *Date of Birth*	Octo. 25. 1878
4. *Place of Birth* (Street and Number)	317 Argyle Ave
5. *Full Name of Mother*	Sue T. Bald
6. *Mother's Maiden Name*	Lee
7. *Mother's Birthplace*	Balto City Md
8. *Full Name of Father*	Wm Chas Bald
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Balto City Md
Name of Medical Attendant, or other Person who makes this Return.	Jos Christian M.D.
Address	431 Linna. ave
Remarks	

27534

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 (

1. *Sex (state whether Male or Female)* Female Child
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Born on the 25 of Oct 1878
4. *Place of Birth (Street and Number)* No 855 W Pratt St
5. *Full Name of Mother* Emma Mann
6. *Mother's Maiden Name* E. Renney
7. *Mother's Birthplace* born in the City of Balto. Md.
8. *Full Name of Father* Fred. Mann
9. *Father's Occupation* Painter
10. *Father's Birthplace* born in the City of Balto. Md.

Name of Medical Attendant, or other Person who makes this return Mrs. Hicks

Address 57 Smallwood St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27333

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 28 1878 BALTIMORE

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 25th 1878
4. Place of Birth (Street and Number)	Baltimore No. 308 Eutaw St
5. Full Name of Mother	Ira Blum
6. Mother's Maiden Name	" Winkler
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John Blum
9. Father's Occupation	Cigar Maker
10. Father's Birthplace	Catonsville
Name of Medical Attendant, or other Person who makes this Return.	Mrs. Elizabeth Scarborough
Address	No. 220 Montgomery St. Balto
Remarks	

27556

RETURN OF A BIRTH.

HEALTH DEPT. OCT 28 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto City Oct 27th 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Wht
3. *Date of Birth* Oct 25th 1878
4. *Place of Birth (Street and Number)* 188 South Amer St
5. *Full Name of Mother* Maggie Jenkins
6. *Mother's Maiden Name* Maggie Miller
7. *Mother's Birthplace* America
8. *Full Name of Father* William Jenkins
9. *Father's Occupation* Cooper
10. *Father's Birthplace* America

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Jarrard

Address 137 South Wolfe Street

Remarks C H

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27557

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. OCT 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te Child

1. *Sex (state whether Male or Female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October the. 25. 1878.
4. *Place of Birth (Street and Number)* Eastern Av. N⁴ ~~92~~ 92.
5. *Full Name of Mother* Babetta Töpfel
6. *Mother's Maiden Name* Babetta Hübner
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Georg Töpfel
9. *Father's Occupation* Baker
10. *Father's Birthplace* Grünberg, Gr. Hessen. Germany

Name of Medical Attendant, or other Person who makes this Return Mary E. Muller

Address N. Dallas A. N⁴ 26,

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27538

OCT 29 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)	one
(state whether Male or Female)	Male
e or Color (if not of the white race)	white race
e of Birth	October the 25th
e of Birth (Street and Number)	Baltimore Bird st No 20
Name of Mother	Mary Courtney
her's Maiden Name	Mary Galan
her's Birthplace	Baltimore County
Name of Father	John Courtney
her's Occupation	engineer
her's Birthplace	Ireland
me of Medical Attendant, or other Person who makes this Return.	Elizabeth Holborn
dress	post at 1240
marks	

RETURN OF A BIRTH.

27559

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 October 1878
4. *Place of Birth (Street and Number)* E. Lloyd St
5. *Full Name of Mother* Christiana Heidenreich
6. *Mother's Maiden Name* Christiana Hofingadn
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Christian Heidenreich
9. *Father's Occupation* ~~Hostler~~ Sailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E Gray

Address 193 N Chester St

Remarks Well

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27560

HEALTH DEPARTMENT
OCT
30
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 26
4. Place of Birth (Street and Number)	36 Walker St
5. Full Name of Mother	Rose Eslinger
6. Mother's Maiden Name	Rose Pfeffer
7. Mother's Birthplace	Germany
8. Full Name of Father	Gottlieb F. Eslinger
9. Father's Occupation	Box Maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Bartholomew Kenny
Address	98 Lancaster St
Remarks	

Penalties Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27561

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

OCT 31 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. a.
1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race)
3. Date of Birth October 26th 1878.
4. Place of Birth (Street and Number) Light Street No 953.
5. Full Name of Mother Louisa Schneider
6. Mother's Maiden Name Louisa Lange.
7. Mother's Birthplace Germany
8. Full Name of Father William Schneider.
9. Father's Occupation Laborer.
10. Father's Birthplace Germany
Name of Medical Attendant, or other Person who makes this Return. Dr. Gottfried Braun.
Address 114 Battery Pl.
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27362

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	26 Oct.
4. *Place of Birth (Street and Number)*	73 Hilles st.
5. *Full Name of Mother*	Ave. E. Hohmann
6. *Mother's Maiden Name*	Ave. E. Wolk
7. *Mother's Birthplace*	Kirchheim / Bavarien
8. *Full Name of Father*	Phn Hohmann
9. *Father's Occupation*	shoemaker
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs. M. A. Bull.
Address	No 185 N E cor. Central a.v. & Monument st.
Remarks	Well.

27563

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh!
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	October 26th
4. Place of Birth (Street and Number)	No 19 North Frederick St.
5. Full Name of Mother	Mrs Christena Eck.
6. Mother's Maiden Name	Miss Christena Engel.
7. Mother's Birthplace	City of Baltimore.
8. Full Name of Father	Mr Frederick Eck.
9. Father's Occupation	Saloon Keeper.
10. Father's Birthplace	City of Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Barbara Reis Midwife
Address	No 21 N. Frederick St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27564

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 29 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 October
4. *Place of Birth (Street and Number)* No 70 Granby Street
5. *Full Name of Mother* Susanna Simon
6. *Mother's Muiden Name* Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Wilhelm Simon
9. *Futher's Occupation* Cigarmaker
10. *Futher's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophia Simon

Address No 70 Granby Street

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27516

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 28th October 1878
4. *Place of Birth (Street and Number)* Abbotsford Road
5. *Full Name of Mother* Sarah Ann
6. *Mother's Maiden Name* Sarah Bond
7. *Mother's Birthplace* Baltimore County
8. *Full Name of Father* Isaac Bond
9. *Father's Occupation* Farmer
10. *Father's Birthplace* Baltimore County

Name of Medical Attendant, or other Person who makes this Return. Dr. Essentia Randall

Address 11 North Chapel St. John Street

Remarks Healthy

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27366

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	26 of October
4. *Place of Birth (Street and Number)*	Baltimore No 226 E Bethel st
5. *Full Name of Mother*	Emma Kellner
6. *Mother's Maiden Name*	Emma Kilman
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Kellner
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace*	Halifax N. S.
Name of Medical Attendant, or other Person who makes this return	Mary Fiba
Address	99 S. Lancaster St
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

reet Record of Vital Statistics in the City of Baltimore.

That any physician, nurse, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27567

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 26 Oct
4. *Place of Birth (Street and Number)* 61 Albemarle
5. *Full Name of Mother* Annie Kerbin
6. *Mother's Maiden Name* Annie Finnegan
7. *Mother's Birthplace* England
8. *Full Name of Father* John Kerbin
9. *Father's Occupation* Fireman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Dr Eliza Flemming

Address 95 Albemarle St

Remarks Baltimore

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27568

DEC 18 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	M.
2. Race or Color (if not of the white race)	W.
3. Date of Birth	Oct. 26. 78
4. Place of Birth (Street and Number)	352 Franklin St
5. Full Name of Mother	Sallie
6. Mother's Maiden Name	Walker
7. Mother's Birthplace	City
8. Full Name of Father	L. Louis Upmann
9. Father's Occupation	Salesman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	W. T. Reynolds
Address	186 Aisquith St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. He or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

27569

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT 29 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 26 October 1878
4. *Place of Birth (Street and Number)* No 2 Uebermann St
5. *Full Name of Mother* Lizie Schmidt
6. *Mother's Maiden Nome* Schmidt
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Bernhard Schmidt
9. *Fother's Occupotion* Bier Dreiver
10. *Father's Birthplace* Germany

Nome of Medical Attendont, or other Person who makes this Return. Mrs Lara Casper

Address 82 E Lombard St

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their plural or singular condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27570

HEALTH DEPT. OCT 31 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 27 Oct
4. *Place of Birth (Street and Number)* 156 Chancellor Alley
5. *Full Name of Mother.* Anna L Connelly
6. *Mother's Maiden Name* Anna L Sellers
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James A Connelly
9. *Father's Occupation* Hotel Manager
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return — Mrs Sarah Sellers

Address 104 Barley St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27571

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	October 27-1878.
4. Place of Birth (Street and Number)	# 177 Preston St.
5. Full Name of Mother	Catherine Freshline Hartline
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore City
8. Full Name of Father	Michael Freshline
9. Father's Occupation	Driver
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D
Address	112 N. Greene St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

No. 27572

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
8
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 27th Oct 1878

4. *Place of Birth (Street and Number)* 29 S. Eutaw St

5. *Full Name of Mother* Maria Smith

6. *Mother's Maiden Name* Maria Muller

7. *Mother's Birthplace* Germany

8. *Full Name of Father* J. Smith

9. *Father's Occupation* Tinsmith

10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return Mary Place

Address 29 S. Eutaw St

Remarks Father Col

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health of Baltimore, relative to the Registration of Births.

Duty to report Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27573

RETURN OF A BIRTH.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 27. 1878
4. *Place of Birth (Street and Number)* 8 Leadenhall st
5. *Full Name of Mother* Minnie Kaste
6. *Mother's Maiden Name* Minnie Schwab
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Karl Kaste
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Katharina Muench

Address 98 Leadenhall st

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

275714

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. *Sex (state whether Male or Female)* White
2. *Race or Color (if not of the white race)* Male
3. *Date of Birth* Oct 27th 1878
4. *Place of Birth (Street and Number)* No 563 Bethel st
5. *Full Name of Mother* Lena Krause
6. *Mother's Maiden Name* .... Gable
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Emil Krause
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke
Address No 55 S. Bond st
Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27575

NOV 1915 HEALTH DEPARTMENT BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 27 1915
4. Place of Birth (Street and Number)	125 Walsh St.
5. Full Name of Mother	Linda C Hagenbuchen
6. Mother's Maiden Name	Delaney
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	James M Delaney
9. Father's Occupation	Truck Driver
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Wm Dean M.D.
Address	29 Mulberry St
Remarks	

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

27576

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 11

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* oct 2
4. *Place of Birth (Street and Number)* 262 west st
5. *Full Name of Mother* Miss mary jane brown
6. *Mother's Maiden Name*
7. *Mother's Birthplace* tobacco stick
8. *Full Name of Father* solomon chester
9. *Father's Occupation* oyster smaker
10. *Father's Birthplace* wales oakland

Name of Medical Attendant, or other Person who makes this Return. r.

Address susan bubbie

Remarks No 24 goodman alley

RETURN OF A BIRTH.

27577

HEALTH DEPARTMENT BALTIMORE CITY. NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	11th
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Oct 27th
4. Place of Birth (Street and Number)	270 N. Broadway
5. Full Name of Mother	Elizabeth A Weaver
6. Mother's Maiden Name	Elizabeth A Wharton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob B. Weaver
9. Father's Occupation	Painter & grainer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary E. Price
Address	196 N. Broadway Balto
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27578

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race)

3. Date of Birth October 27th 1878

4. Place of Birth (Street and Number) No 11 Boyd st.

5. Full Name of Mother Rosa A. Emory

6. Mother's Maiden Name Rosa A. Leonard

7. Mother's Birthplace Baltimore

8. Full Name of Father Amos Emory

9. Father's Occupation Porter

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Winneberger

Address No 23 N. Liberty st

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27579

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. Sex (state whether Male or Female)	F Male
2. Race or Color (if not of the white race)	Colored Brown Skin
3. Date of Birth	Sunday October 27. 1878
4. Place of Birth (Street and Number)	No 298 Hamburg St
5. Full Name of Mother	Isabella Scott
6. Mother's Maiden Name	Isabella Matthews
7. Mother's Birthplace	Baltimore County
8. Full Name of Father	John Scott
9. Father's Occupation	Coal Yard
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Annie Johnson
Address	No 80 Plum Alley
Remarks	Live born child but died with the spasems on Friday Evening about 5 o'clock

RETURN OF A BIRTH.

27580

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH OCT 29 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Nellie Laura Heathley 1

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) Colord
3. Date of Birth Oct 27 6 P.M.
4. Place of Birth (Street and Number) No 6 Morris alley
5. Full Name of Mother Nellie Belle Green
6. Mother's Maiden Name Nelle Belle
7. Mother's Birthplace Eastern Shore
8. Full Name of Father Simcal Green
9. Father's Occupation Caterer Shucker
10. Father's Birthplace Annarundel Co

Name of Medical Attendant, or other Person who makes this Return. Mrs Willy Burke

Address 53 Scanlon St.

Remarks

of the parents, and the maiden name of the mother of each child to be given.

RETURN OF A BIRTH.

27581

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 27th 1878.
4. Place of Birth (Street and Number)	#347 Eastern Ave.
5. Full Name of Mother	C. M. Beard
6. Mother's Maiden Name	C. Mires.
7. Mother's Birthplace	Balto.
8. Full Name of Father	Maem L. Beard
9. Father's Occupation	Painter.
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary F. Simms
Address	#171 Washington Place
Remarks	

Information to the Registrar of Births of Baltimore City correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

275821

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPT. NOV 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d, etc.~~)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)*
3. *Date of Birth* Oct 28th 1878
4. *Place of Birth (Street and Number)* 77 E. Liberty
5. *Full Name of Mother* Anna Hummel
6. *Mother's Maiden Name* " Bollman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Chas. Hummel
9. *Father's Occupation* Confectioner
10. *Father's Birthplace* W. Virginia

Name of Medical Attendant, or other Person who makes this return John Morris M.D.

Address 5 Franklin

Remarks Baltimore

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27583

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
OCT
21
1878
BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Third N1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Sept 28th 1878
4. Place of Birth (Street and Number)	No 2 Williamson St
5. Full Name of Mother	Ella Mullen
6. Mother's Maiden Name	" Adams
7. Mother's Birthplace	Baltc
8. Full Name of Father	Jas Mullen
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto
Name of Medical Attendant, or other Person who makes this Return.	Mr C A Lauds
Address	162 Hanover St
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

273811

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

OCT 31 1917

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 child of Baltimore
1. Sex (state whether Male or Female)	Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	28 Oct 1917
4. Place of Birth (Street and Number)	Baltimore Hanover St
5. Full Name of Mother	Evaline Schumacher
6. Mother's Maiden Name	Evaline Clemens
7. Mother's Birthplace	Bohemia
8. Full Name of Father	Joseph Clemens
9. Father's Occupation	Laborer
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return.	Dr Kopitsch
Address	67 Hanover
Remarks	Baltimore Md

Attention is called to the requirements of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27583

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth octobe 28 18 [illegible]
4. Place of Birth (Street and Number) 20 [illegible] sent st
5. Full Name of Mother [illegible]
6. Mother's Maiden Name [illegible]
7. Mother's Birthplace [illegible] island
8. Full Name of Father James conway
9. Father's Occupation Labore
10. Father's Birthplace irland

Name of Medical Attendant, or other Person who makes this return Rachel agnugnett

Address 439 aliceanna st

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

27586

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Octo. 28th 1878
4. Place of Birth (Street and Number)	133 Montgomery St.
5. Full Name of Mother	Alice Bird Iverson
6. Mother's Maiden Name	" Lee
7. Mother's Birthplace	Virginia
8. Full Name of Father	Geo. D. Iverson
9. Father's Occupation	Salesman
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover & Baltimore Sts.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27587

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child of Mother

1. Sex (state whether Male or Female) girl
2. Race or Color (if not of the white race) White
3. Date of Birth 28 October 1878
4. Place of Birth (Street and Number) Baltimore near St
5. Full Name of Mother Mary Elizabeth
6. Mother's Maiden Name Mrs. Elmer
7. Mother's Birthplace Bohemia
8. Full Name of Father John Elmer
9. Father's Occupation Glass Maker
10. Father's Birthplace Bohemia

Name of Medical Attendant, or other Person who makes this Return. M. Bayard

Address 67 Eutaw

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27588

NOV 5 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 24th 1878
4. *Place of Birth (Street and Number)* North east Cor of Monument & Chester
5. *Full Name of Mother* Eliza Bunn
6. *Mother's Maiden Name* Eliza Pitt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John L. Bunn
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Elizabeth Fray

Address No 193 South Chester Street

Remarks Healthy Child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27587

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.)	C C
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 28. 1878
4. Place of Birth (Street and Number)	N. Schappelstr No. 18
5. Full Name of Mother	Regine Gumpert
6. Mother's Maiden Name	Stock
7. Mother's Birthplace	Erfurt Prus Hessen
8. Full Name of Father	Herm. Gumpert
9. Father's Occupation	Peddler
10. Father's Birthplace	Erfurt Prus Hessen
Name of Medical Attendant, or other Person who makes this Return.	Mrs Johanna Praupach
Address	N. Wolf str No 28
Remarks	M. Dr.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27590.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 31 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 29th Oct.
4. *Place of Birth (Street and Number)* No 12 Welcome Alley.
5. *Full Name of Mother* Jenny Barber
6. *Mother's Maiden Name* Jenny Britt.
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* George Barber.
9. *Father's Occupation* Oyster Schucker.
10. *Father's Birthplace* Kent Co. Md.

Name of Medical Attendant, or other Person who makes this Return. Mary Mahon.

Address 288 S. Eutaw St.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27591

HEALTH DEPARTMENT NOV BALTIMORE.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 1

1. *Sex (state whether Male ~~or Female~~)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* Octo 29th 1878
4. *Place of Birth (Street and Number)* No 92 Aisquith St Balto Md
5. *Full Name of Mother* Margaret A Shook
6. *Mother's Maiden Name* Day
7. *Mother's Birthplace* Baltimore Maryland
8. *Full Name of Father* Richard A Shook
9. *Father's Occupation* Dealer in Milk
10. *Father's Birthplace* Baltimore Maryland

Name of Medical Attendant, or other Person who makes this return E Ridgway Balto Md.

Address E No 121 E Balto St

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27552
27591

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 30 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Oct 29 1878
4. *Place of Birth (Street and Number)* Baltimore Spring Gas Reservoir No 4
5. *Full Name of Mother* Hariet Smith
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Calvert County
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this return Molly Gore

Address 181 York street Baltimore

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH. 27953 27593

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	5th
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct. 29th 1878
4. *Place of Birth (Street and Number)*	S. E. Cor. Collington Ave. & Orleans st.
5. *Full Name of Mother*	Mary Francis Lansdin
6. *Mother's Maiden Name*	Berringer
7. *Mother's Birthplace*	Balto. City
8. *Full Name of Father*	Thomas Rigby Lansdin
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace*	Dorchester Co. Md.
Name of Medical Attendant, or other Person who makes this Return.	E. F. Ivens M. D.
Address	No. 406 E. Balto. St.
Remarks	

RETURN OF A BIRTH.

27594

NOV 2 1978

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* oct 29
4. *Place of Birth (Street and Number)* 134 centeral ap
5. *Full Name of Mother* Charlatt willis
6. *Mother's Maiden Name* Charlatt darcy
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Edward willis
9. *Father's Occupation* laborer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mrs lear johnson

Address no 32 short rt

Remarks healthy child

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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27595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 2 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)*
3. *Date of Birth* October 29th 1878
4. *Place of Birth (Street and Number)* Livingston Street No 353.
5. *Full Name of Mother* Amalia Osterhaus.
6. *Mother's Maiden Name* Amalia Fuster.
7. *Mother's Birthplace* Baltimore Md.
8. *Full Name of Father* Clemens Osterhaus.
9. *Father's Occupation* Tabor.
10. *Father's Birthplace* Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return. Edward Bruns.

Address 114 Baltimore St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27596

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 21 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* October 29th 1878
4. *Place of Birth (Street and Number)* Hull st. nr. Railroad
5. *Full Name of Mother* Mary Anna Burns
6. *Mother's Maiden Name* " Diver
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Peter Daniel Shields Burns
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Scotland

Name of Medical Attendant, or other Person who makes this Return. P. L. Dauschmd

Address 27. N. Broadway

Remarks

27597

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 2 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4tes Kind

1. *Sex (state whether Male or Female)* Knb.
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* geboren den 29 Octobor
4. *Place of Birth (Street and Number)* No 208 Bethel Str
5. *Full Name of Mother* Emma Waggemann
6. *Mother's Maiden Name* Emma Yoter
7. *Mother's Birthplace* Deutschland
8. *Full Name of Father* Lorenz Waggemann
9. *Father's Occupation* Ansgemmer
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 204 S. Dallas Str

Remarks Hausmie

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27598

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. *Sex (state whether Male or ~~Female~~)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 30th 1878
4. *Place of Birth (Street and Number)* 35 Chester St
5. *Full Name of Mother* Mary Elizabeth Bullock
6. *Mother's Maiden Name* Mary E. Gallery
7. *Mother's Birthplace* Baltimore City Md.
8. *Full Name of Father* Edwin Barnett Bullock
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore City Md.

Name of Medical Attendant, or other Person who makes this return Nicholas L. Dashiell

Address 207 S. Broadway.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

27599

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT
OCT 31 1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Oct 25th 1878
4. *Place of Birth (Street and Number)* 521 Light
5. *Full Name of Mother* Maggie L. Horstman
6. *Mother's Maiden Name* Maggie L. Mund
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* L. R. Horstman
9. *Father's Occupation* Druggist
10. *Father's Birthplace* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. Theodore Cooke M.D

Address

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27600

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct. 30th 1878
4. *Place of Birth (Street and Number)*	413 East av.
5. *Full Name of Mother*	Mary Brown
6. *Mother's Maiden Name*	Mary L. Whilman
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Julius Brown
9. *Father's Occupation*	Wagon Driver
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dr. R. W. Mansfield
Address	117 S. Broadway
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27601

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct. 30th 1878
4. Place of Birth (Street and Number)	471 E. Lombard St.
5. Full Name of Mother	Sallie Burton Skinner Shaffer
6. Mother's Maiden Name	" " Skinner
7. Mother's Birthplace	Balto. City
8. Full Name of Father	James Frederick Shaffer
9. Father's Occupation	Bank Clerk
10. Father's Birthplace	Balto. City
Name of Medical Attendant, or other Person who makes this Return.	E. F. Ibbs M.D.
Address	406 E. Balto. St.
Remarks	

RETURN OF A BIRTH.

27602

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 12 1878

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	12 child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	30 of October 1878
4. Place of Birth (Street and Number)	Elisabeth Goldbeck Washington st. 14
5. Full Name of Mother	Elisabeth Goldbeck
6. Mother's Maiden Name	Elisabeth Tapborn
7. Mother's Birthplace	Germany
8. Full Name of Father	William Goldbeck
9. Father's Occupation	house carpenter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Louisa Yiles
Address	No 12 Patterson Park Ave
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27603

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	Race
3. Date of Birth	30 October 1878
4. Place of Birth (Street and Number)	154 Hanover St.
5. Full Name of Mother	Dorcathea C. ~~Fischer~~ Fischer
6. Mother's Maiden Name	Do C. Steffert
7. Mother's Birthplace	Baltimre
8. Full Name of Father	Chas A. Fischer
9. Father's Occupation	Blacksmith.
10. Father's Birthplace	Baltimre
Name of Medical Attendant, or other Person who makes this Return.	Ruff savinr Hosp
Address	98 Lemmon st Mt Pleas
Remarks	

Extract Regulations of the Board of Health, to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27604

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	October 30 - 1878
4. Place of Birth (Street and Number)	No 47 N Wolf Street
5. Full Name of Mother	Isabella Abbott
6. Mother's Maiden Name	Isabella Russelle
7. Mother's Birthplace	St Mary's Co Md
8. Full Name of Father	John C Abbott
9. Father's Occupation	Captain (Engineer)
10. Father's Birthplace	Eastern Shore Md
Name of Medical Attendant, or other Person who makes this Return	Mary A Mitchell
Address	386 N Jenoyk St
Remarks	

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27603

HEALTH DEPT. NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Octbr. 30
4. *Place of Birth (Street and Number)* 136 N. Bond St.
5. *Full Name of Mother* Luise Mohr
6. *Mother's Maiden Name* Luise Burkhard
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Johann Mohr
9. *Father's Occupation* Cap Maker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Maria R. Rudge

Address 134 N. Bond St.

Remarks

RETURN OF A BIRTH.

27606

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT NOV 2 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Oct. 30th
4. *Place of Birth (Street and Number)* 287 Madison Avenue
5. *Full Name of Mother* Rose Bush.
6. *Mother's Maiden Name* Rose Bush.
7. *Mother's Birthplace* Balto: County. Maryland
8. *Full Name of Father* Not Stated
9. *Father's Occupation* " "
10. *Father's Birthplace* " "

Name of Medical Attendant, or other Person who makes this Return. A. F. Bell M.D.

Address 316 Madison Avenue

Remarks

Remain Birth 7th month.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27607

NOV 2 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether Male or Female)* White

2. *Race or Color (if not of the white race)*

3. *Date of Birth* Oct 30th 1878

4. *Place of Birth (Street and Number)* 86 S. Carey St

5. *Full Name of Mother* Mattie Peters

6. *Mother's Maiden Name* Brechman

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Oscar Peters

9. *Father's Occupation* Fireman B&O R.R. Co

10. *Father's Birthplace* Frederick Md

Name of Medical Attendant, or other Person who makes the Return. Dr. L. Spurrier

Address 34 Gilmor St

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27608

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 2 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 18 th wurde

1. *Sex (state whether Male or Female)* boy child
2. *Race or Color (if not of the white race)* caland
3. *Date of Birth* 30 of octobr
4. *Place of Birth (Street and Number)* 14 Stockholen St
5. *Full Name of Mother* josphine tilmon
6. *Mother's Maiden Name* josphine pleasd
7. *Mother's Birthplace* Richmond
8. *Full Name of Father* francis tillmon
9. *Father's Occupation* oyster thucker
10. *Father's Birthplace* Sussex co. Del

Name of Medical Attendant, or other Person who makes this Return. Visiting mild 22 Stockholen St

Address

Remarks

Penalties imposed by the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27609

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colard
3. *Date of Birth* Oct 30
4. *Place of Birth (Street and Number)* Baltimore Howard 180 H
5. *Full Name of Mother* Mary Granton
6. *Mother's Maiden Name* M Galiver
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John Galiver
9. *Father's Occupation* Stord
10. *Father's Birthplace* Colchester County

Name of Medical Attendant, or other Person who makes this Return. Amelia Williams
Address 988 Cross St
Remarks

RETURN OF A BIRTH.

27610

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 2 1870

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Kind

1. Sex (state whether Male or Female) Mädchen
2. Race or Color (if not of the white race) Weiß
3. Date of Birth geboren den 30ten October
4. Place of Birth (Street and Number) No 228 Dallas St
5. Full Name of Mother Cäthe Brown
6. Mother's Maiden Name Cäthe Sommer
7. Mother's Birthplace Deutschland
8. Full Name of Father Ch. Brown
9. Father's Occupation Färber
10. Father's Birthplace Deutschland

Name of Medical Attendant, or other Person who makes this Return. Friederike Kaufmann

Address No 204 S. Dallas Str

Remarks Homme

Instructions of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27611

HEALTH DEPARTMENT NOV 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* 31 Oct 1878
4. *Place of Birth (Street and Number)* 175 Preston
5. *Full Name of Mother* Laura E. Smallwood
6. *Mother's Maiden Name* " " Horner
7. *Mother's Birthplace* md
8. *Full Name of Father* Jno Smallwood
9. *Father's Occupation* marble cutter
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. G Lane Tanyhill

Address 129 N Biddle St.

Remarks

RETURN OF A BIRTH.

27612

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	October 31 1878
4. *Place of Birth (Street and Number)*	Railroad Alley
5. *Full Name of Mother*	Mary Shea
6. *Mother's Maiden Name*	Mary Rose
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Frederick Sheck
9. *Father's Occupation*	Tailor
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this return	C. Dennis M.D.
Address	
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Duty of Physicians, Midwives, and others to make a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27613

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	October 21st 1878
4. *Place of Birth (Street and Number)*	No 113 Mother's
5. *Full Name of Mother*	Katie Hoffman
6. *Mother's Maiden Name*	Katie Edel
7. *Mother's Birthplace*	Schenectady New York
8. *Full Name of Father*	Frederick William Hoffman
9. *Father's Occupation*	Clergy
10. *Father's Birthplace*	Prussia
Name of Medical Attendant, or other Person who makes this return	E. Schmidt
Address	No 411 E. L.
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Penalty.—Any neglect of the Board of Health to receive a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27614

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (~~state whether Male or~~ Female)*
2. *Race or Color (~~if not of the~~ white race)*
3. *Date of Birth* Oct 31st 1878
4. *Place of Birth (Street and Number)* No 282 S Paca
5. *Full Name of Mother* Mary C Thompson
6. *Mother's Maiden Name* Mary C Thompson
7. *Mother's Birthplace* Washington
8. *Full Name of Father* John F Thompson
9. *Father's Occupation* Pilot
10. *Father's Birthplace* Balto Maryland

Name of Medical Attendant, or other Person who makes this return A Ridgway Snider M.D.

Address Corner of Balto & Paca Sts

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27613

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* White Color

3. *Date of Birth* March 5th 1878.

4. *Place of Birth (Street and Number)* No. 31 Johnson St.

5. *Full Name of Mother* Mary Mary

6. *Mother's Maiden Name* Mary Carey

7. *Mother's Birthplace* Baltimore

8. *Full Name of Father* John Mary

9. *Father's Occupation* Packer

10. *Father's Birthplace* Scotland

Name of Medical Attendant, or other Person who makes this return Helena Geishaber

Address No. 125 West St. Baltimore Md.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27616

NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Children
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	31 of October 1878
4. *Place of Birth (Street and Number)*	No. 43 Randal St.
5. *Full Name of Mother*	Karolena Abe: Day
6. *Mother's Maiden Name*	Karolena Barn
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	John Abe: Day
9. *Father's Occupation*	Jeweler
10. *Father's Birthplace*	Scotland
Name of Medical Attendant, or other Person who makes this return	Salena Fisher
Address	No 128 West St, Baltimore Md
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

rvert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2761

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October the. 31. 1878.
4. *Place of Birth (Street and Number)* E. Lombard St. No. 209.
5. *Full Name of Mother* Katharina Hammann
6. *Mother's Maiden Name* Katharina Miller
7. *Mother's Birthplace* Zeiningen. K. Wirtemberg. Germany
8. *Full Name of Father* Jakob Hammann
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Hebersau. K. Wirtemberg. Germany

Name of Medical Attendant, or other Person who makes this return. Mary E. Müller

Address N. Dallas St. No. 26.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

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RETURN OF A BIRTH.

27618

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d child.
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	31st of October
4. Place of Birth (Street and Number)	No. 673 N. Lombard St
5. Full Name of Mother	Maria Rosentale
6. Mother's Maiden Name	Geiger
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Rosentale
9. Father's Occupation	Salesman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Miss S. Lindner
Address	No 45 Monroe St.
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

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vert Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27619

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* Colord.
3. *Date of Birth* 92. Spring. St.
4. *Place of Birth (Street and Number)* 31. of Oct. 1875.
5. *Full Name of Mother* M. Hopkins.
6. *Mother's Maiden Name* M. Brown
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* W. Hopkins.
9. *Father's Occupation* Can. Maker.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this return

Address

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27620

NOV 9 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* October 31st 1878
4. *Place of Birth (Street and Number)* 102 Chestnut Street Baltimore
5. *Full Name of Mother* Cassie Ande Ruff
6. *Mother's Maiden Name* Cassie Wade Ruff
7. *Mother's Birthplace* Baltimore County Md
8. *Full Name of Father* Jamel Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Harford County Md

Name of Medical Attendant, or other Person who makes this Return.

Address Ann Ruff 102 Chestnut Street

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Secret Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27621
27622

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th and 8th

1. *Sex (state whether Male or Female)* Male and Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 31 st.
4. *Place of Birth (Street and Number)* No 111 N. Caroline st.
5. *Full Name of Mother* Jenny Cohen
6. *Mother's Maiden Name* " Brickowitz
7. *Mother's Birthplace* Russia
8. *Full Name of Father* Harris Cohen
9. *Father's Occupation* ~~Russia~~ Peddler
10. *Father's Birthplace* Russia.

Name of Medical Attendant, or other Person who makes this return Mrs C. Bernstein,
Address 113 E Lombard st.
Remarks None

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27623

HEALTH DEPARTMENT
NOV
5
1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Oct 31
4. Place of Birth (Street and Number)	106 Greenmount
5. Full Name of Mother	Elizabeth Burton
6. Mother's Maiden Name	Bond
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Burton
9. Father's Occupation	Railroad
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dennis A. Skinner
Address	No 1 Forrest Place
Remarks	

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2762 11

HEALTH DEPT NOV 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* October 21st 1878
4. *Place of Birth (Street and Number)* 100 S. Eden Street
5. *Full Name of Mother* Mary E. Mc Donaldson
6. *Mother's Maiden Name* Mary E. Rabbitt
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Edward Mc Donaldson
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return. Dr. Geo. [illegible]

Address [illegible]

Remarks

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

NOTICE

The succeeding document was received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

RETURN OF A BIRTH. 27622

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

1. Child of Mother (state whether 1st, 2d, 3d, &c.) ~~First~~ Third
2. (state whether Male or Female) Female
3. or Color (if not of the white race) Colored
4. of Birth Nov 1st
5. of Birth (Street and Number) Baltimore Plans ST No 60
6. Name of Mother Annie Anderson
   Mother's Maiden Name Lee
7. Mother's Birthplace Baltimore
8. Full Name of Father James Anderson
9. Father's Occupation Waiter
10. Father's Birthplace Harford County
    Name of Medical Attendant, or other Person who makes this Return. Annie M. Jones
    Address 858 Druid ST
    Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of

RETURN OF A BIRTH.

27626

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH NOV 7 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 1st 1878
4. Place of Birth (Street and Number)	No 218 Townsend St.
5. Full Name of Mother	Mrs. Elizabeth Mary Spencer
6. Mother's Maiden Name	Bew
7. Mother's Birthplace	Liverpool
8. Full Name of Father	John Spencer
9. Father's Occupation	Lumber Commission Merchant
10. Father's Birthplace	Co. Wexford. Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm. H. Murray
Address	3 N. Carey St.
Remarks	8th month child - living and likely to live.

reet Record of Vital Statistics in the City of Baltimore.

Time any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born; its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

27627

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 3 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 1st 1878
4. *Place of Birth (Street and Number)* No 98 Somerset St
5. *Full Name of Mother* Lizzie Davis
6. *Mother's Maiden Name* Lizzie Smith
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph F Smith
9. *Father's Occupation* Lapes
10. *Father's Birthplace* Baltimore MD

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Sauer 173 Hersperian

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27625

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te Child

1. *Sex (state whether ~~male or~~ female)*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November the 1, 1878
4. *Place of Birth (Street and Number)* S. Dallas St. No 56.
5. *Full Name of Mother* Katharina Mc Donnald
6. *Mother's Maiden Name* Katharine Horn
7. *Mother's Birthplace* County Prahon, K. Gr. Britt. Europa
8. *Full Name of Father* John Mc Donnald
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Carolien County, K. Gr. Britt. Europa

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address S. Dallas St. No 26.

Remarks

reet Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27629

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV
4
1878
BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	1 November 1878
4. Place of Birth (Street and Number)	130 Hartford Ave.
5. Full Name of Mother	Tohana Göttinger
6. Mother's Maiden Name	Wahle
7. Mother's Birthplace	Germany
8. Full Name of Father	Frank Göttiger
9. Father's Occupation	Schumacher
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dora Causer
Address	52 E. Lombard
Remarks	

Form to be returned to the Office of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27631

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 2 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Kind

1. *Sex (state whether Male or Female)* Mädchen
2. *Race or Color (if not of the white race)* Weiss
3. *Date of Birth* geboren den 1. November
4. *Place of Birth (Street and Number)* No. 164 Spring St.
5. *Full Name of Mother* Charlotte Hebner
6. *Mother's Maiden Name* Charlotte Lorrum
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* L. Johann Hebner
9. *Father's Occupation* Korbmacher
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return Friederike Kaufmann

Address No. 204 S. Dallas St.

Remarks Hebamme

RETURN OF A BIRTH.

27631

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HENRY [illegible] NOV 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 12th 1878
4. Place of Birth (Street and Number)	#351 Eastern Ave Fells
5. Full Name of Mother	C. Spanier Hoerl
6. Mother's Maiden Name	C. Spanier
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno M. Hoerl
9. Father's Occupation	Baker.
10. Father's Birthplace	Baltimore.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E Simms
Address	
Remarks	#171 E Washington St

Next Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27632

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 1st 1878
4. Place of Birth (Street and Number)	144 E. Chase Str.
5. Full Name of Mother	Rosa A. Mank
6. Mother's Maiden Name	Rosa A. Pue
7. Mother's Birthplace	Balto.
8. Full Name of Father	Chas Mank
9. Father's Occupation	Laborer
10. Father's Birthplace	Balto.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	#171 E. Washington Str.
Remarks	H.P.

Fees Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2-1633

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 1st 1878
4. Place of Birth (Street and Number)	109 N. Wolf
5. Full Name of Mother	Virginia A. Weiss
6. Mother's Maiden Name	Block
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jacob Weiss
9. Father's Occupation	Tavernkeeper
10. Father's Birthplace	Bohemia
Name of Medical Attendant, or other Person who makes this Return	A. E. Stein, M. D.
Address	195 N. Eden st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

276311

NOV 7 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore Nov 1st 1878

1. *Sex (state whether Male or Female)* one Male Chirle
2. *Race or Color (if not of the white race)* Race or color
3. *Date of Birth* Novembor 1st 1878
4. *Place of Birth (Street and Number)* Jasper Street 109 Baltimore Md
5. *Full Name of Mother* Elizabeth Hulting
6. *Mother's Maiden Name* Elizabeth Kirke
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* Benjamin Hulting
9. *Father's Occupation* Labrer
10. *Father's Birthplace* Baltimore md

Name of Medical Attendant, or other Person who makes this Return. Ellin Stumbe

Address No 42 Sharp Street Alley Baltimore Md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27635

HEALTH NOV 19 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	November 11th 1892
4. *Place of Birth (Street and Number)*	#16 Lansdale Alley
5. *Full Name of Mother*	Barbara Klippel
6. *Mother's Maiden Name*	" Gerl
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	Gustav Klippel
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Annie Presenzede Friend
Address	220 Preston St
Remarks	

Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex (state whether male or female)*	Female
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	November
4. *Place of Birth (Street and Number)*	# 53 S. Paca
5. *Full Name of Mother*	Babara Bicke
6. *Mother's Maiden Name*	" Ulman
7. *Mother's Birthplace*	Baden Germany
8. *Full Name of Father*	Gotfied Bicke
9. *Father's Occupation*	Bacmaker
10. *Father's Birthplace*	Wirtemberg Germany
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	528 South Eutaw St
Remarks	

HEALTH DEPARTMENT
DEC 2 1878
BALTIMORE

RETURN OF A BIRTH.

27637

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 10 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	2
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	C
3. Date of Birth	2d of Nov.
4. Place of Birth (Street and Number)	Fremont st. N. E. Cor Hoard Ave 19
5. Full Name of Mother	Eleonore Born
6. Mother's Maiden Name	Eleonore Schmidt
7. Mother's Birthplace	Polle (Germany)
8. Full Name of Father	John Born
9. Father's Occupation	Liquor Dealer
10. Father's Birthplace	Ebersbrunnen (Germany)
Name of Medical Attendant, or other Person who makes this Return.	A. H. Weldmann M.D.
Address	120 Park st.
Remarks	

Penalty for Non-Return of this Notice in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27638

HEALTH DEPARTMENT NOV 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd Child of 9

1. *Sex (state whether Male or Female)* Male.
2. *Race or Color (if not of the white race)* White.
3. *Date of Birth* November 2nd
4. *Place of Birth (Street and Number)* No 58 Gorsuch Alley.
5. *Full Name of Mother* Katherine Macks Moore.
6. *Mother's Maiden Name* Katherine Macks.
7. *Mother's Birthplace* Baltimore.
8. *Full Name of Father* Richard Moore
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Baltimore.

Name of Medical Attendant, or other Person who makes this Return. Mrs Katherine Hulick.

Address No. 137 West Pratt Street.

Remarks

D. & H.

RETURN OF A BIRTH.

27639

NOV 12 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child.

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 2 of november 1878

4. Place of Birth (Street and Number) 100 Chesapeake st

5. Full Name of Mother Elisebeth mathey

6. Mother's Maiden Name Elisebeth taylor

7. Mother's Birthplace Summaset County MD

8. Full Name of Father James thomas Matheny

9. Father's Occupation Cap of Barge

10. Father's Birthplace Baltimore MD

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address no 12 patterson Park Av

Remarks

Fee! Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, &c. or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27640

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	2nd of Nov. 1878.
4. *Place of Birth (Street and Number)*	289 N. Eagle St.
5. *Full Name of Mother*	Mary Feller
6. *Mother's Maiden Name*	Mary Smith.
7. *Mother's Birthplace*	Germany
8. *Full Name of Father*	C. Feller.
9. *Father's Occupation*	Shipping.
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Jay Miller
Address	125 N. Bowlin
Remarks	Balto City

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

276 111

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov 2nd
4. *Place of Birth (Street and Number)*	336 Short St.
5. *Full Name of Mother*	~~Sedgewick Coale~~ Ella Chadwick
6. *Mother's Maiden Name*	Wade
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	Albert Chadwick
9. *Father's Occupation*	Glass packer
10. *Father's Birthplace*	Georgia
Name of Medical Attendant, or other Person who makes this Return.	Mary Koch
Address	328 S. Eutaw St.
Remarks	

RETURN OF A BIRTH.

27612

HEALTH DEPT. NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY. Balto. Nov 4 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Balto. Nov 2nd 1878
4. *Place of Birth (Street and Number)* 6 Castle Street
5. *Full Name of Mother* Dina Freund
6. *Mother's Maiden Name* Dina Middle
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Andrew Freund
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Mary Freund.

Address 131 South Wolfe St.

Remarks ——

RETURN OF A BIRTH.

97643

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th child.

1. Sex (state whether Male or Female) Female.

2. Race or Color (if not of the white race)

3. Date of Birth 2d of November 1878

4. Place of Birth (Street and Number) No 839 N. Paca St

5. Full Name of Mother Lurease Russell

6. Mother's Maiden Name Bishop.

7. Mother's Birthplace Baltimore.

8. Full Name of Father John Russell

9. Father's Occupation ~~Brew~~ Brewer

10. Father's Birthplace Prussia.

Name of Medical Attendant, or other Person who makes this Return. Miss A. Lindner.

Address No 75 Monroe St.

Remarks

rect Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

276444

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether ~~Male~~ or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Saturday November 2d 1878
4. Place of Birth (Street and Number) North Wolfe St between Chase and Eager
5. Full Name of Mother Margrett Cooper
6. Mother's Maiden Name Margrett Marquett
7. Mother's Birthplace Baltimore Co Md
8. Full Name of Father Noland Cooper
9. Father's Occupation Gold pen Maker
10. Father's Birthplace London England

Name of Medical Attendant, or other Person who makes this Return. E. Richard M.D.
Address 28 O Donnell St
Remarks Long protracted labor 12 hours delivered with instruments
Both mother and child are now doing well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27613

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. NOV 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 2nd 1878
4. *Place of Birth (Street and Number)* No 148 S. Wolf st
5. *Full Name of Mother* Louisa Buddemeier
6. *Mother's Maiden Name* Lohmeier
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Frederick Buddemeier
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke
Address No 56 S. Bond st
Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27646

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	2 November 1878
4. Place of Birth (Street and Number)	35 Market space
5. Full Name of Mother	Ana Obermann
6. Mother's Maiden Name	Busch
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernhard Obermann
9. Father's Occupation	Liquor Dealer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	Mrs Sara Cassner
Address	92 E Lombard St
Remarks	

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex (state whether Male or Female) Girl

2. Race or Color (if not of the white race) White

3. Date of Birth 2 November two o'clock A M 1878.

4. Place of Birth (Street and Number) 103 Columbus St.

5. Full Name of Mother Theresia Gloeb

6. Mother's Maiden Name Theresia Hackel

7. Mother's Birthplace Germany

8. Full Name of Father Henry Gloeb

9. Father's Occupation Baker

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Sugarman

Address Bank St. No 70

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

The Records of this Department in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27118

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Col'd Mulatto
3. *Date of Birth* 21 Dec 1878
4. *Place of Birth (Street and Number)* 21 Low Back Alley
5. *Full Name of Mother* Catherine Bucket
6. *Mother's Maiden Name* Catherine Bouchet
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Painter Wm John Bouchet
9. *Father's Occupation* Painter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Turner

Address 61 Wales

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27649

To the Office of Registrar of Vital Statistics, Board of Health.

NOV 7 1878

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White.
3. Date of Birth	November 2nd 1878.
4. Place of Birth (Street and Number)	584 Penna. Avenue
5. Full Name of Mother	Catherine Rebecca Wood Moore
6. Mother's Maiden Name	
7. Mother's Birthplace	Balto. City
8. Full Name of Father	Richard Matlick Wood
9. Father's Occupation	Milk dealer.
10. Father's Birthplace	Philadelphia
Name of Medical Attendant, or other Person who makes this Return.	Louis W. Knight M.D.
Address	112 N. Greene St.
Remarks	

RETURN OF A BIRTH.

27650

HEALTH DEPARTMENT NOV 8 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	
3. Date of Birth	November 2d 1878.
4. Place of Birth (Street and Number)	182 George St.
5. Full Name of Mother	Emma Patterson.
6. Mother's Maiden Name	Emma Chance.
7. Mother's Birthplace	Baltimore City.
8. Full Name of Father	George H. Patterson.
9. Father's Occupation	Clerk.
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person Who Makes this Return.	Asher D. Hennington M.D.
Address	98 N. Greene St.
Remarks	

Every Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27657

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 21 1876
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, he or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* 2nd Nov.
4. *Place of Birth (Street and Number)* Henrietta St
5. *Full Name of Mother* Kate Lewis
6. *Mother's Maiden Name* " Sercker
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Hunter Lewis
9. *Father's Occupation* ~~Baltimore~~ Fireman
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. M. P. Gaston

Address 115 Hamburg St

Remarks doing well.

RETURN OF A BIRTH.

27652

NOV 13 1876 BALTIMOR

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 th:
1. Sex (state whether Male or Female)	Male Child.
2. Race or Color (if not of the white race)	
3. Date of Birth	Novembor 3 th:
4. Place of Birth (Street and Number)	Wareer St: No 14.
5. Full Name of Mother	Mary Friedrike Hammel.
6. Mother's Maiden Name	Mary Friedrike Hoops.
7. Mother's Birthplace	Rosing Holstein Schleswig. P. Germany
8. Full Name of Father	John Godlove Hammel.
9. Father's Occupation	Bäcker.
10. Father's Birthplace	Neuenstatt. Ki. Wirtemberg.
Name of Medical Attendant, or other Person who makes this Return.	Katie Münch
Address	Lucienballstrat. No 98
Remarks	

RETURN OF A BIRTH.

27653

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 3d.
4. Place of Birth (Street and Number)	211 Chest[nut] St.
5. Full Name of Mother	Elizabeth Leonard
6. Mother's Maiden Name	Connelly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Michael Leonard
9. Father's Occupation	Shipping clerk.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Knox
Address	328 S. Eutaw St.
Remarks	

Fee Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27657 11

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colrd
3. Date of Birth	Nov 3d 78.
4. Place of Birth (Street and Number)	# 183 Shot st
5. Full Name of Mother	Lidia ~~Gutsky~~ Kratz
6. Mother's Maiden Name	Goerk
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Kratz
9. Father's Occupation	Clerk
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Krook
Address	328 S. Eutaw st
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27655

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	(Third)
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 3d 1878
4. Place of Birth (Street and Number)	Argyle Avenue No 275
5. Full Name of Mother	Margaret Keyser
6. Mother's Maiden Name	" Robinson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward C. Keyser
9. Father's Occupation	Fireman
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Chas Fawcett, M.D.
Address	72 Mosher St
Remarks	

The Record of this Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27656

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colord Race
3. *Date of Birth* Nove the 3-1878
4. *Place of Birth (Street and Number)* 210 durham north St Baltimore md
5. *Full Name of Mother* Mary Johnson
6. *Mother's Maiden Name* Mary Gray
7. *Mother's Birthplace* Colbret County Md
8. *Full Name of Father* Fredrick Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Colbet County Md

Name of Medical Attendant, or other Person who makes this Return. Lyrenda Woolford

Address 130 North Regester St Baltimore md

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27657

HEALTH DEPT. BALTIMORE NOV 5 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 3 1878
4. *Place of Birth (Street and Number)* 126 Low St.
5. *Full Name of Mother* Luise Mink
6. *Mother's Maiden Name* Luise Landenschlager
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Carl Ludwig Mink
9. *Father's Occupation* Barber
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie K. Rudisill

Address 134 E. Bond St.

Remarks

Law Relative to Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27658

NOV 5 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Mul
3. Date of Birth	4 November 1
4. Place of Birth (Street and Number)	32 South Chapel 1
5. Full Name of Mother	Mrs Mari Kunta
6. Mother's Maiden Name	Mrs Mari Kerner
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Kerner
9. Father's Occupation	Sailor
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Casper L Kunta
Address	11 South Chapel 1 pr John Kunta
Remarks	Healthy 11

Next Records of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27659

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. *Sex (state whether Male or Female)* Mal
2. *Race or Color (if not of the white race)* Whit
3. *Date of Birth* 5th November 187
4. *Place of Birth (Street and Number)* 13 North Chapel Mark
5. *Full Name of Mother* Pol Bienda
6. *Mother's Maiden Name* Pol Amarein
7. *Mother's Birthplace* Germany.
8. *Full Name of Father* Joseph Amarein
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Germany.

Name of Medical Attendant, or other Person who makes this Return. Cecentia Hunter

Address 11 North Chapel M, for John Hunter

Remarks Healthy.

RETURN OF A BIRTH.

27660

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th child.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	3d of November 1878
4. Place of Birth (Street and Number)	No 693 N. Lombard St.
5. Full Name of Mother	Charlotte Sonnenburg
6. Mother's Maiden Name	Haechter
7. Mother's Birthplace	Bremen.
8. Full Nome of Father	Tom Sonnenburg.
9. Father's Occupation	Bakery.
10. Father's Birthploce	Hanover
Name of Medical Attendant, or other Person who makes this Return.	Miss A. Lindner
Address	No 75 Monroe St.
Remarks	

Each day physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27661

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 4 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 18/8
4. Place of Birth (Street and Number)	11 Market Place
5. Full Name of Mother	Lizzie Harper
6. Mother's Maiden Name	Mc Guinte
7. Mother's Birthplace	U S
8. Full Name of Father	John Harper
9. Father's Occupation	Tavern Keeper
10. Father's Birthplace	U S
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Casper
Address	52 E Lombard St
Remarks	

**Every Physician, Midwife, Nurse, Undertaker, Coroner, Sexton, Minister, Rabbi, Religious Society Secretary, Householder, Parent, Guardian, Superintendent, Steward, Manager, Matron, Proprietor, Overseer, Master, Mistress, Boarding House Keeper, Janitor, Janitress, Agent, Trustee, Executor, Administrator, Assignee, Receiver, Trustee in Bankruptcy, Lessee, Tenant, Occupant, Owner, Agent, Clerk, Steward, Manager, Superintendent, Foreman, Overseer, Engineer, Janitor, Janitress, Engineer, Janitor, Janitress, Engineer, Janitor, Janitress

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27662

DEPT NOV 9 78 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 3 November
4. *Place of Birth (Street and Number)* 229 Ellicott Street
5. *Full Name of Mother* Augusta Dittgen
6. *Mother's Maiden Name* Stantin
7. *Mother's Birthplace* Germany
8. *Full Name of Father* John Dittgen
9. *Father's Occupation* Mons
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 20 Gay by H

Remarks

RETURN OF A BIRTH.

27663

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 3rd 1878
4. Place of Birth (Street and Number)	283 E. Baltimore St
5. Full Name of Mother	Jane A. K. Adreon
6. Mother's Maiden Name	Jane A. K. Demiteau
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	Harrison Adreon
9. Father's Occupation	Lawyer
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M.D.
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27664

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, ~~2d, 3d &c.~~) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 3d 1878
4. *Place of Birth (Street and Number)* 293 W. Fayette St
5. *Full Name of Mother* Minnie Seliger
6. *Mother's Maiden Name* " Kauffman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Leon Seliger
9. *Father's Occupation* Merchant
10. *Father's Birthplace* Ohio

Name of Medical Attendant, or other Person who makes this return John Morris M.D.

Address 210. 5 Franklin St. Balto Md

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27663

NOV 23 '78

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3)

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November (8th) Eight
4. *Place of Birth (Street and Number)* 103 Hanover St
5. *Full Name of Mother* Emma Louisa
6. *Mother's Maiden Name* Bauer
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Henry Lowe
9. *Father's Occupation* Store
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Daniels

Address 60 Hebraton

Remarks

RETURN OF A BIRTH.

27666

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	Parmlee 3rd 1878
4. *Place of Birth (Street and Number)*	504 Penna Avenue
5. *Full Name of Mother*	Elizabeth Braun
6. *Mother's Maiden Name*	" Montague
7. *Mother's Birthplace*	Balto Md
8. *Full Name of Father*	George Braun
9. *Father's Occupation*	Bathman
10. *Father's Birthplace*	Germany
Name of Medical Attendant, or other Person who makes this return	Louis Quesenberg
Address	280 Penna Ave
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27667

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 16 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. Sex (state whether Male or Female)	White Male Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	4th of November.
4. Place of Birth (Street and Number)	16 Decker St.
5. Full Name of Mother	Mary McEntire
6. Mother's Maiden Name	McCourt.
7. Mother's Birthplace	Ireland.
8. Full Name of Father	James McEntire
9. Father's Occupation	Laborer.
10. Father's Birthplace	Ireland.
Name of Medical Attendant, or other Person who makes this Return.	Dr Charlotte Crosby.
Address	369 Cathedral St
Remarks	

RETURN OF A BIRTH.

27668

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 16 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 4 November 1878
4. *Place of Birth (Street and Number)* Baltimore Watson Street 63
5. *Full Name of Mother* Wille Scott
6. *Mother's Maiden Name* Wille Connish
7. *Mother's Birthplace* Cambritch M
8. *Full Name of Father* Henry Scott
9. *Father's Occupation* Stivedore
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. Harriet Lawson

Address No 4 Duglass St.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27169

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* ~~Dec.~~ Nov. 4th 1878 9½ P.M. 1878
4. *Place of Birth (Street and Number)* 104 S. Broadway
5. *Full Name of Mother* Annie C. Rapell
6. *Mother's Maiden Name* Annie C. Merry
7. *Mother's Birthplace* Washington D.C.
8. *Full Name of Father* Rud L. Rapell
9. *Father's Occupation* Mariner
10. *Father's Birthplace* Bath Maine

Name of Medical Attendant, or other Person who makes this Return. James E. Dennette M.D.

Address 199 E. Baltimore Street

Remarks

RETURN OF A BIRTH.

27670

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male — James H. Brady Jr.
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 4th 1878 — 4th A.M.
4. *Place of Birth (Street and Number)* 21 S. Sharp
5. *Full Name of Mother* Catharine Taylor Brady
6. *Mother's Maiden Name* Catharine Taylor Lurtee
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* James H. Brady
9. *Father's Occupation* Keeper Papers
10. *Father's Birthplace* Dublin Ireland

Name of Medical Attendant, or other Person who makes this Return. James E. Renville M.D.

Address 2716 E. Baltimore Street.

Remarks Full name of child added by father upon applying for a transcript, Jas. H. Brady

J. E. Renville

Every physician, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27671

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Nov 4th 1878
4. Place of Birth (Street and Number)	15 Eden st
5. Full Name of Mother	Jane Pritchard
6. Mother's Maiden Name	Jane Lant
7. Mother's Birthplace	Harpers Ferry
8. Full Name of Father	James Pritchard
9. Father's Occupation	Oyster Shucker
10. Father's Birthplace	Balt Md
Name of Medical Attendant, or other Person who makes this Return.	Schmitt Conner
Address	14 Sequith st
Remarks	

The Attending Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27679

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 14 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* November 14 1878
4. *Place of Birth (Street and Number)* 20 Eutaw st
5. *Full Name of Mother* Emile Hall
6. *Mother's Maiden Name* Emile Cohen
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* Armstrong E Hall
9. *Father's Occupation* Engineer
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this return Mary Conner (C)

Address Washington avenue

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27673

NOV 11 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 4
4. Place of Birth (Street and Number)	Edmonson Ave & Monroe St
5. Full Name of Mother	Mary Davis
6. Mother's Maiden Name	Hinton
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Richard Davis
9. Father's Occupation	Cotton Carrier
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Thomas J Chrisman
Address	114 W Forest Park
Remarks	

RETURN OF A BIRTH.

27674

HEALTH DEPT. NOV 14 1876 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

ndvise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 4 1876
4. Place of Birth (Street and Number)	338 Eastern ave.
5. Full Name of Mother	Ellen Kane
6. Mother's Maiden Name	Ellen Duffy
7. Mother's Birthplace	New London, Conn.
8. Full Name of Father	Thomas P. Kane
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore City
Name of Medical Attendant, or other Person who makes this Return.	E. L. Miller M.D.
Address	474 Broadway
Remarks	

RETURN OF A BIRTH. 27675

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 7 1878 BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1st

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colourd
3. *Date of Birth* Nov 4th 1878
4. *Place of Birth* (Street and Number) No 3 Plum alley
5. *Full Name of Mother* Eliza Smith
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Anne Arundle Co
8. *Full Name of Father*
9. *Father's Occupation*
10. *Father's Birthplace*

Name of Medical Attendant, or other Person who makes this Return. Mrs Francis Granby

Address

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27676

NOV 5 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 17 November

4. Place of Birth (Street and Number) 1 E Eutaw

5. Full Name of Mother Lina Christina

6. Mother's Maiden Name Lina Lunkins

7. Mother's Birthplace Bellinzona

8. Full Name of Father Ulrich Lunkins

9. Father's Occupation Cotton man

10. Father's Birthplace Switzerland

Name of Medical Attendant, or other Person who makes this Return. Presentia Lunkins

Address 16 North Eastfield st for John Lunkins

Remarks Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27677

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child 1st time

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 November 1877
4. *Place of Birth (Street and Number)* Baltimore Washington Lot No 2
5. *Full Name of Mother* Mary Joseph
6. *Mother's Maiden Name* Mary Gestatter
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Gratter
9. *Father's Occupation* Farmer Garden
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. [illegible]

Address [illegible]

Remarks

RETURN OF A BIRTH.

27678

NOV 9 78

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov'br. 4 d 1878
4. *Place of Birth (Street and Number)* 45 Monghan Str.
5. *Full Name of Mother* Elisabeth Wack
6. *Mother's Maiden Name* Elisabeth Nass
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Charles Wack
9. *Father's Occupation* Cikar maker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mary R. Rudig

Address 134 E Baltr

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27679

NOV 9 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4 November
4. *Place of Birth (Street and Number)* 392 Orleans Street
5. *Full Name of Mother* Karoline Wilms
6. *Mother's Maiden Name* Kraus
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Karl Wilms
9. *Father's Occupation* Baker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Simon

Address No 76 Fourth st

Remarks

RETURN OF A BIRTH.

27680

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) .....

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* .....
3. *Date of Birth* Nov 4. '78
4. *Place of Birth (Street and Number)* S. E Cor Hoyt & Aiken
5. *Full Name of Mother* Anna Bauer
6. *Mother's Maiden Name* " Bremer
7. *Mother's Birthplace* Balt "
8. *Full Name of Father* Theodore Bauer
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this return John Morris MD

Address 5 Fountain St

Remarks .....

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27681

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

DEC 6 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	November 4th. 1878.
4. Place of Birth (Street and Number)	No 119. N. Dallis St.
5. Full Name of Mother	Margreta Hall
6. Mother's Maiden Name	Andrewson
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Wm Hall.
9. Father's Occupation	Carrige driver
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm. M. J. Bush.
Address	No 155 S.E. cor. Entrel av. & Monument St.
Remarks	Well

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27682

HEALTH DEPT. NOV 27 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. Sex (state whether Male or Female)	male
2. Race or Color (if not of the white race)	yellow skin
3. Date of Birth	4th
4. Place of Birth (Street and Number)	parish alley No 7
5. Full Name of Mother	Sophia howard
6. Mother's Maiden Name	sophia nicolson
7. Mother's Birthplace	howard county
8. Full Name of Father	alfred howard
9. Father's Occupation	labourer
10. Father's Birthplace	city
Name of Medical Attendant, or other Person who makes this Return.	
Address	Sydia somerville
Remarks	13 clinton avenue

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27683

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 22 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	white
3. Date of Birth	Nov. 21. 1878
4. Place of Birth (Street and Number)	E. Lombard str No 264.
5. Full Name of Mother	Elisabeth Schüssler
6. Mother's Maiden Name	Horn
7. Mother's Birthplace	York Pensylvania
8. Full Name of Father	Georg Schüssler
9. Father's Occupation	Maschenist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm Fch. Baumgarth
Address	N. Wolf str No 28
Remarks	Wm Dr

RETURN OF A BIRTH.

27684

DEC 6 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child
1. Sex (state whether Male or Female)	female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 5th 1878
4. Place of Birth (Street and Number)	No 338 Charles st
5. Full Name of Mother	Mary Hipkin
6. Mother's Maiden Name	Bittmiller
7. Mother's Birthplace	America
8. Full Name of Father	Charles Hipkin
9. Father's Occupation	Laborer
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohngasser midwife
Address	213 Cross st.
Remarks	

RETURN OF A BIRTH.

97685

HEALTH DEPT. NOV 11 1978 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 3rd

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* colored
3. *Date of Birth* Nov 5th
4. *Place of Birth (Street and Number)* Orchard st - 1063
5. *Full Name of Mother* Mary Williams
6. *Mother's Maiden Name* Mary Foster
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Isaiah Williams
9. *Father's Occupation* Grocer
10. *Father's Birthplace* Howard county

Name of Medical Attendant, or other Person who makes this Return. Mary Fisher

Address 94 Tyson st - 1

Remarks —

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27686

NOV 11 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 5th
4. Place of Birth (Street and Number)	273 Forrest St
5. Full Name of Mother	Sydney Snyder
6. Mother's Maiden Name	Heaney
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Joseph Snyder
9. Father's Occupation	Carpenter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Ursula J. Grimes
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

27687

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Second
1. Sex (state whether Male or Female)	Male.
2. Race or Color (if not of the white race)	White
3. Date of Birth	5 Nov. 1878
4. Place of Birth (Street and Number)	151 N. Charles st.
5. Full Name of Mother	Auguste Lock
6. Mother's Maiden Name	Rubatzka
7. Mother's Birthplace	Germany
8. Full Name of Father	Charles H. A. Lock
9. Father's Occupation	Engineer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Kate Kolsch.
Address	No 237 West Pratt st
Remarks	

RETURN OF A BIRTH.

27685

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

NOV 18

It is the duty of every physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	5 November 1878
4. Place of Birth (Street and Number)	29 Albemarle St
5. Full Name of Mother	Marie Detter
6. Mother's Maiden Name	Forster
7. Mother's Birthplace	U S
8. Full Name of Father	August Detter
9. Father's Occupation	Glassblower
10. Father's Birthplace	U S
Name of Medical Attendant, or other Person who makes this Return.	Mrs Dora Casperer
Address	32 E Lombard St
Remarks	

RETURN OF A BIRTH.

27689

HEALTH DEPARTMENT NOV 5 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 1
4. Place of Birth (Street and Number)	322 Forrest St
5. Full Name of Mother	Ca. Chance Handlin
6. Mother's Maiden Name	Garage
7. Mother's Birthplace	Wexford Ireland
8. Full Name of Father	Thomas Handlin
9. Father's Occupation	Waterman
10. Father's Birthplace	County Wexford Ireland
Name of Medical Attendant, or other Person who makes this Return.	Jessie D Johnson
Address	No 7 Forrest Place
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27690

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT OCT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Oct 5 - 1878
4. *Place of Birth (Street and Number)*	No. 86. N Gold St.
5. *Full Name of Mother*	Louisa Burmingham Peters.
6. *Mother's Maiden Name*	"
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	Andrew Burmingham
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this Return	Mrs. Mc. V. Bell
Address	No. 185 S.E. cor of Central av & Monument St.
Remarks	Well

RETURN OF A BIRTH.

27691

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 13 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 ch.

1. Sex (state whether Male or Female) Female.
2. Race or Color (if not of the white race) White.
3. Date of Birth Nov 5. 1878.
4. Place of Birth (Street and Number) 20 N Pepperton Av.
5. Full Name of Mother Elizabeth Nolan Riley.
6. Mother's Maiden Name " Nolan.
7. Mother's Birthplace Baltimore.
8. Full Name of Father John H. Riley.
9. Father's Occupation Gold beater.
10. Father's Birthplace Ireland.

Name of Medical Attendant, or other Person who makes this Return. Dr Morgan

Address 195 Saratoga St.

Remarks

That all physicians, accoucheurs, midwives, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27692

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT
NOV 7 1878
BALTIMORE

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Baltimore November 5
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Color
3. Date of Birth	November 5
4. Place of Birth (Street and Number)	No 12 Bueren St
5. Full Name of Mother	Jennett Douglass
6. Mother's Maiden Name	Jennett Oliver
7. Mother's Birthplace	George Douglass
8. Full Name of Father	Wadjan Driver
9. Father's Occupation	Baltimore Wife Baltimore
10. Father's Birthplace	Sarah Worden
Name of Medical Attendant, or other Person who makes this Return.	No. 390 Asquith St
Address	
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27693

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female)* male
2. *Race or Color (if not of the white race)* wht
3. *Date of Birth* Nov. 5 1878 (Election day Embryo voter)
4. *Place of Birth (Street and Number)* 127 Linden ave
5. *Full Name of Mother* Mary J Miller
6. *Mother's Maiden Name* " " Floyd
7. *Mother's Birthplace* md
8. *Full Name of Father* Oscar F. Miller
9. *Father's Occupation* merchant
10. *Father's Birthplace* md

Name of Medical Attendant, or other Person who makes this Return. Glenn Taneyhill

Address 129 W Biddle st

Remarks

RETURN OF A BIRTH.

27694

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 25 1878 BALTIMORE

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 8th

1. Sex (*state whether Male or Female*) Female

2. Race or Color (*if not of the white race*) White

3. Date of Birth No 5. Antonie Str. 2d

4. Place of Birth (*Street and Number*) November 10th 1878

5. Full Name of Mother Mary Streb

6. Mother's Maiden Name M. Tragesser

7. Mother's Birthplace Germany.

8. Full Name of Father F. A. Streb

9. Father's Occupation Milk bussiness

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hilleyer

Address 182 E. Monument Str

Remarks

Every Physician, Midwife, Householder, Landlord, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27695

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 23 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* ~~female~~ white.
3. *Date of Birth* born on the 5th Inst.
4. *Place of Birth (Street and Number)* 271 E. Hall St.
5. *Full Name of Mother* L. Bauer.
6. *Mother's Maiden Name* L. Schreine
7. *Mother's Birthplace* Pittenwag
8. *Full Name of Father* F. Bauer.
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace* Bavaria

Name of Medical Attendant, or other Person who makes this Return.

Address Home Number 66 Schroder

Remarks

RETURN OF A BIRTH.

27696

NOV 12 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth child.

1. *Sex (state whether Male or Female)* Girl.
2. *Race or Color (if not of the white race)* colored.
3. *Date of Birth* fifth of November
4. *Place of Birth (Street and Number)* 260. South Howard. Balt:
5. *Full Name of Mother* Mary Bunday
6. *Mother's Maiden Name* Mary Toogood.
7. *Mother's Birthplace* Annarandel Co. Md.
8. *Full Name of Father* William Bunday.
9. *Father's Occupation* Painter
10. *Father's Birthplace* Esex Co. Virginia

Name of Medical Attendant, or other Person who makes this Return. Mrs. Sarah Dennard.

Address 276. South Howard. Balt:

Remarks

The Physician, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

That any physician, nonecheert, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27697

DEC 13 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex (state whether ~~Male~~ or Female)* White
2. *Race or Color (if not of the white race)* Female
3. *Date of Birth* 11th 1878
4. *Place of Birth (Street and Number)* 28 S. Pleasant St.
5. *Full Name of Mother* Emma Cox
6. *Mother's Maiden Name* " Hildebrandt
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Oliver Cox
9. *Father's Occupation* [redacted] Carpenter
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. A. L. Steuart M.D.

Address 879 W. Lombard St.

Remarks

RETURN OF A BIRTH.

27698

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

William Lewis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 child
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	6 November
4. *Place of Birth (Street and Number)*	93 Albemarle St
5. *Full Name of Mother*	Barbary Lewis
6. *Mother's Maiden Name*	Barbary Grow
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	James Lewis
9. *Father's Occupation*	Confectioner
10. *Father's Birthplace*	Baltimore Md.
Name of Medical Attendant, or other Person who makes this return	Dr. Elija Fleming
Address	95 Albemarle St
Remarks	Baltimore

The Law requires Physicians, Accoucheurs, midwives, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 27699

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 1878

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Nov 6th 1878
4. Place of Birth (Street and Number) No 156 S. Paca st
5. Full Name of Mother Emma J. Volkman
6. Mother's Maiden Name Emma J. Boswell
7. Mother's Birthplace Alexandria Va
8. Full Name of Father Henry A Volkman
9. Father's Occupation Barber
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Slifer

Address 33 S. Howard st

Remarks

RETURN OF A BIRTH.

27700

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 11 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex (state whether Male or Female)* male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 1878
4. *Place of Birth (Street and Number)* South well near Bank st and Washington ave
5. *Full Name of Mother* Sidney L Shaw
6. *Mother's Maiden Name* Sidney L Shaw
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* John H Shaw
9. *Father's Occupation* Brick mak.
10. *Father's Birthplace* Baltimore city

Name of Medical Attendant, or other Person who makes this return Mary Monroe 181 Orleans

Address Concord [redacted]

Remarks

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27701

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 11 1978 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex* (state whether Male or Female) Girle
2. *Race or Color* (if not of the white race) Withe
3. *Date of Birth* 6 November
4. *Place of Birth* (Street and Number) 44 Thom
5. *Full Name of Mother* Ani Morgenstern
6. *Mother's Maiden Name* Liske
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Karl Liske
9. *Father's Occupation* — — —
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mari Guttner

Address Wolfe St 245

Remarks

Any Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27702

NOV 11 19

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov 6
4. *Place of Birth (Street and Number)*	310 Hollman St
5. *Full Name of Mother*	Alice Kiely
6. *Mother's Maiden Name*	Quinlan
7. *Mother's Birthplace*	Ireland
8. *Full Name of Father*	Hugh Kiely
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Co Wexford Ireland
Name of Medical Attendant, or other Person who makes this Return.	Wm C Johnson
Address	No 1 Forrest Ave
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27703

NOV 12 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	Nov 6th. 78
4. *Place of Birth (Street and Number)*	No. Wooding Lane
5. *Full Name of Mother*	Celia Brown Mudd
6. *Mother's Maiden Name*	" Brown
7. *Mother's Birthplace*	Stafford County
8. *Full Name of Father*	Lance Mudd
9. *Father's Occupation*	on the Coal Wharves
10. *Father's Birthplace*	Richmond Va.
Name of Medical Attendant, or other Person who Makes this Return.	Milly Blake
Address	No. 16 Eastlow st
Remarks	

The Physician, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27704

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 6th 1876
4. Place of Birth (Street and Number)	No 4 Brevens court
5. Full Name of Mother	Anna Apply
6. Mother's Maiden Name	Boltzen
7. Mother's Birthplace	America
8. Full Name of Father	Henry Apply
9. Father's Occupation	Silver plater
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	J. Simpson M.D. midwife
Address	213 Bond st.
Remarks	

RETURN OF A BIRTH.

27705

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 6th 1878
4. Place of Birth (Street and Number)	194 Mulberry St.
5. Full Name of Mother	Mattie L McLaurie.
6. Mother's Maiden Name	Mattie L Brown.
7. Mother's Birthplace	Lynchburg Va.
8. Full Name of Father	Albert E McLaurie.
9. Father's Occupation	Engineer.
10. Father's Birthplace	Baltimore City.
Name of Medical Attendant, or other Person who makes this Return.	Chas L. Pennington, M.D.
Address	78 N Greene St.
Remarks	

The Physician, Midwife, Householder, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27706

HEALTH DEPT. NOV 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* Novbr. 6 de 1878
4. *Place of Birth (Street and Number)* 38 Barksdr.
5. *Full Name of Mother* Kathrine Senterick
6. *Mother's Maiden Name* Kathrine Bittner
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Carl Senterick
9. *Father's Occupation* Tailer
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie Kreudiger

Address 134 E Boundstr.

Remarks

RETURN OF A BIRTH.

27707

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First child.
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colored
3. *Date of Birth*	November 6th 1876
4. *Place of Birth (Street and Number)*	No 11 Wheatcoat Street
5. *Full Name of Mother*	Louisa Brown
6. *Mother's Maiden Name*	Louisa Gipson
7. *Mother's Birthplace*	Anna arundle County
8. *Full Name of Father*	James Brown
9. *Father's Occupation*	Carter
10. *Father's Birthplace*	Eastern
Name of Medical Attendant, or other Person who makes this return	Mrs Harriet Gipson
Address	No 11 Wheatcoat St
Remarks	$ 5 dollars

NOV 9 1876

THE DEPT. OF HEALTH

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

If any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

2.7708

HEALTH DEPARTMENT
NOV 9 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* female
2. *Race or Color (if not of the white race)* wht.
3. *Date of Birth* Nov. 6. 1878.
4. *Place of Birth (Street and Number)* 206 Park ave
5. *Full Name of Mother* Mary Meagher
6. *Mother's Maiden Name* " Schott
7. *Mother's Birthplace* Md
8. *Full Name of Father* John Meagher
9. *Father's Occupation* city Supt of streets
10. *Father's Birthplace* Md.

Name of Medical Attendant, or other Person who makes this Return. Geo. Tannyhill

Address 129 W Biddle.

Remarks

RETURN OF A BIRTH. 27709

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Nov 8th 1878

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 6th day of November

4. Place of Birth (Street and Number) R 423 Hamburg Street

5. Full Name of Mother Margaret Sanders

6. Mother's Maiden Name Margaretta Opper

7. Mother's Birthplace Germany

8. Full Name of Father John H. Sanders

9. Father's Occupation Painter

10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mrs Goodman

Address

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27710

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th of November 1878
4. Place of Birth (Street and Number)	384 Orleans st
5. Full Name of Mother	Virginia Wilson
6. Mother's Maiden Name	Virginia Mester
7. Mother's Birthplace	Somerset county Md
8. Full Name of Father	Jacob Wilson
9. Father's Occupation	Sailor
10. Father's Birthplace	Somerset county Md
Name of Medical Attendant, or other Person who makes this Return.	Present in Author
Address	Wm Smith Chappell st Peter Mann
Remarks	Healthy.

And also at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 7 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	A Boy
2. Race or Color (if not of the white race)	White
3. Date of Birth	6th November 1878
4. Place of Birth (Street and Number)	20 North Castle st
5. Full Name of Mother	Mary Holmes
6. Mother's Maiden Name	Mary Myers
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Edward Myers
9. Father's Occupation	Painter
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Caroline Krumpel
Address	11 Wall Chapel st p John Krumpel
Remarks	Healthy

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27712

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT BALTIMORE MD. NOV 7 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex (state whether Male or Female) Boy

2. Race or Color (if not of the white race) [redacted] White

3. Date of Birth 6th November 1878

4. Place of Birth (Street and Number) 21 Hill Street

5. Full Name of Mother Mrs. Stanton

6. Mother's Maiden Name Mari Wolf

7. Mother's Birthplace Germany.

8. Full Name of Father Rudolph Stanton

9. Father's Occupation Tailor

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Assisted Mrs. Stanton

Address 11 South Eutaw [illegible] 21 Hill Street

Remarks Healthy.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27713

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

Name: Christian ~~Henry~~ Lohmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male ~~or female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth November the 6, 1878
4. Place of Birth (Street and Number) S. Eden St. No. 125.
5. Full Name of Mother Katharina Lohmann
6. Mother's Maiden Name Katharina Eckhardt
7. Mother's Birthplace Baltimore City
8. Full Name of Father Henry L. Lohmann
9. Father's Occupation Laborer
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Mary E. Mullen

Address N. Dallas St. No. 26.

Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

9,771/4

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex (state whether male ~~or female~~)
2. Race or Color (if not of the white race) White
3. Date of Birth November 8th. A. D. 1878
4. Place of Birth (Street and Number) S. Central Av. 88.
5. Full Name of Mother Maggie Hirth
6. Mother's Maiden Name Maggie Voehler
7. Mother's Birthplace Baltimore City
8. Full Name of Father John L. Hirth
9. Father's Occupation Merchant Tailor
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Marr E. Miller

Address N. Gallow St. No. 26.

Remarks

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether Male or Female)	Female,
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 7. 1878,
4. Place of Birth (Street and Number)	321 N Central Ave.
5. Full Name of Mother	Agnes Christina Athman,
6. Mother's Maiden Name	" " Fell,
7. Mother's Birthplace	Baltimore,
8. Full Name of Father	Clemens Athman.
9. Father's Occupation	Segar maker,
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Dr W. P. Morgan
Address	175 Saratoga St.
Remarks	

NOV 13 1878 BALTIMORE

27715

RETURN OF A BIRTH.

27716

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 7th 1878
4. *Place of Birth (Street and Number)* No 12 Shakespheare st
5. *Full Name of Mother* Ida Sudel
6. *Mother's Maiden Name* " Roth
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Sidel
9. *Father's Occupation* Boiler
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return.

Address Mrs Goetzler

Remarks No 66 S. Bond st

The Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27717

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* white
3. *Date of Birth* December 7 1910
4. *Place of Birth (Street and Number)* Thames st corner 3
5. *Full Name of Mother* Barbara M Miller
6. *Mother's Maiden Name* Barbara M Koll
7. *Mother's Birthplace* Maine
8. *Full Name of Father* John L Miller
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this return Mary Conner R.N.

Address Collington Avenue

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 11 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st First

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 4th Nov 1878
4. *Place of Birth (Street and Number)* # 57 Lindsay Av
5. *Full Name of Mother* Mary Elizabeth Graham
6. *Mother's Maiden Name* M. E. McLean
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Jno S Graham
9. *Father's Occupation* Sec M Hospital
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Jane Guy

Address

Remarks

J. S. Graham Sec'y Hospital for Insane

ndrise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27719

NOV 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c)	Forth Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Nov 7. 1878
4. Place of Birth (Street and Number)	No 28 N Dollart St Balto
5. Full Name of Mother	Susan ann Johnson Meads
6. Mother's Maiden Name	Susan Ann Johnson
7. Mother's Birthplace	Baltimore
8. Full Name of Father	John W Meads
9. Father's Occupation	Porter
10. Father's Birthplace	Pic Neck Eastern Shore Md
Name of Medical Attendant, or other Person who makes this Return.	Mrs Lidy Lackman
Address	
Remarks	

No 41 Mc Elderry St Extended

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27720

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Color
3. *Date of Birth* 7 Nov. 1878
4. *Place of Birth (Street and Number)* No 277 Mc Donough
5. *Full Name of Mother* Julia Ann Young
6. *Mother's Maiden Name* Julia Ann Powell
7. *Mother's Birthplace* West Moorfield Va
8. *Full Name of Father* Linsey Dawson
9. *Father's Occupation* Sailor
10. *Father's Birthplace* West Virginia

Name of Medical Attendant, or other Person who makes this Return. Preston Williams

Address No 70 Hanover Place

Remarks Mother Died

RETURN OF A BIRTH.

27721

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 14 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	4
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	November 7
4. *Place of Birth (Street and Number)*	Clarks Street No 2
5. *Full Name of Mother*	Rachel Jenkins
6. *Mother's Maiden Name*	Rachel Ryan
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Charles Jenkins
9. *Father's Occupation*	Coachman driver
10. *Father's Birthplace*	Richmond Virginia
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sarah Wooden
Address	331 asquith st.
Remarks	

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

24722

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 12 1878

BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 7 November 1878
4. *Place of Birth (Street and Number)* 114 Hartford St
5. *Full Name of Mother* Ellen Cokes
6. *Mother's Maiden Name* Nolsen
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Patrik Cokes
9. *Father's Occupation* Engster
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return Mrs Para Ward

Address 82 E Lombard St

Remarks

The Midwife, Physician, Nurse, or, in case, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27723

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

It is my physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one Child one mother

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Colored Race
3. *Date of Birth* Nov the 7 18 94
4. *Place of Birth (Street and Number)* 866 Caddy St 4 9 7 Baltimore
5. *Full Name of Mother* Susan Dorkins
6. *Mother's Maiden Name* Susan Stanley
7. *Mother's Birthplace* Dorchester County md
8. *Full Name of Father* Levin B Dorkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Dorchester County md

Name of Medical Attendant, or other Person who makes this Return. Lucinday Woolford

Address 130 Regester St Baltimore md

Remarks

RETURN OF A BIRTH.

277914

NOV 12 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Female

2. *Race or Color (if not of the white race)* Colored

3. *Date of Birth* Thursday November 7

4. *Place of Birth (Street and Number)* Baltimore 114 South Chester

5. *Full Name of Mother* Mrs Elbeth Cook

6. *Mother's Maiden Name*

7. *Mother's Birthplace* Baltimore Md

8. *Full Name of Father* Smithen Cook

9. *Father's Occupation* Coachman

10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. Mrs Caroline Fisher

Address No 9 Hanover East

Remarks

...ndyke at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27725

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	7. Of Nov
4. Place of Birth (Street and Number)	Baltimore 28. Clarem St.
5. Full Name of Mother	Sophia Kline
6. Mother's Maiden Name	Sophia Fellchnett
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Kline
9. Father's Occupation	Mill Man
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Minch
Address	Leadenhall St 98
Remarks	

...ns at the birth of any ch... in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27726

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 7th 1878.
4. Place of Birth (Street and Number)	No 174 Prop Street.
5. Full Name of Mother	Louisa Schmidt.
6. Mother's Maiden Name	L. Fritzsche.
7. Mother's Birthplace	Osterode i. Germany.
8. Full Name of Father	William E. Schmidt.
9. Father's Occupation	Cabinet Maker.
10. Father's Birthplace	Baltimore.
Nome of Medical Attendant, or other Person who makes this Return.	Catherine Mc Conch
Address	No. 18 Leadenhall Street.
Remarks	Child formed and healthy.

...ician in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27727

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* 1
3. *Date of Birth* 9 December
4. *Place of Birth (Street and Number)* No 135 Hanover St
5. *Full Name of Mother* Wilhelmina Meister
6. *Mother's Maiden Name* Wilhelmina Nichlas
7. *Mother's Birthplace* Europe
8. *Full Name of Father* Henry Meister
9. *Father's Occupation* Cooper
10. *Father's Birthplace* Europe

Name of Medical Attendant, or other Person who makes this Return. Hulton Meiser

Address Gallenhall St. No 78

Remarks

...who at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Section 4. The Midwife or any other person, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27728

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 7th 1878
4. Place of Birth (Street and Number)	No 3 Ray st
5. Full Name of Mother	Cristiana Shelhaus
6. Mother's Maiden Name	Eady
7. Mother's Birthplace	Germany
8. Full Name of Father	George Shelhaus
9. Father's Occupation	Cabinetmaker
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return	J. Lonquaker and wife
Address	213 Cross st
Remarks	

RETURN OF A BIRTH.

27729

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November the 7 1878
4. Place of Birth (Street and Number)	No 161 South Chester st
5. Full Name of Mother	Mary Jewers
6. Mother's Maiden Name	Mary White
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Charles Jewers
9. Father's Occupation	Segarmaker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm E Ball
Address	
Remarks	

RETURN OF A BIRTH.

27730

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	9
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 1st 7 1878
4. Place of Birth (Street and Number)	Cumberland st No 13
5. Full Name of Mother	Harriet Broom
6. Mother's Maiden Name	Harriet Wiste
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Broom
9 Father's Occupation	Hostler
10. Father's Birthplace	New York City
Name of Medical Attendant, or other Person who makes this Return.	Jno E Ball
Address	No 171 Eastern st
Remarks	

Within six days after the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27731

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 12 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth 7 of november 1878
4. Place of Birth (Street and Number) 353 alicean st
5. Full Name of Mother Mary Wagner
6. Mother's Maiden Name Mary Miller
7. Mother's Birthplace Baltimore
8. Full Name of Father John Mwagner
9. Father's Occupation foremen
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Louisa Wiley

Address No 12 Patterson park Ave

Remarks

...ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27732

NOV. 9 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 7th 1878
4. Place of Birth (Street and Number)	26 Hill St
5. Full Name of Mother	Emma Jackerman
6. Mother's Maiden Name	Emma Coblens
7. Mother's Birthplace	Germany
8. Full Name of Father	Gabriel M. Jackerman
9. Father's Occupation	Merchant Tailor
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	

RETURN OF A BIRTH.

27733

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 3 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	Nov 2nd 1878
4. Place of Birth (Street and Number)	Maternity 462 W Lombard
5. Full Name of Mother	Mary Rice
6. Mother's Maiden Name	Mary Rice
7. Mother's Birthplace	Ind
8. Full Name of Father	Wm. Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	David Hunter Wm. Resident Accoucheur
Address	Maternity Hospital
Remarks	Mother and child at present doing well D. S.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

277311

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name, Child [illegible] Holbein

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Twin pair
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 7th 1878
4. Place of Birth (Street and Number)	49 S. Carlington ave
5. Full Name of Mother	Mary ~~Holbein~~ Holbein
6. Mother's Maiden Name	Mary Kelly
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Frank L. Holbein
9. Father's Occupation	Clerk- Davis & Sp. Co.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. H. Hoyt M. D.
Address	
Remarks	(Instrumental delivery)

Within six days after the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27735

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male.
2. *Race or Color (if not of the white race)*	White.
3. *Date of Birth*	16th Nov. 1878.
4. *Place of Birth (Street and Number)*	241
5. *Full Name of Mother*	Mrs. Jane Adgelgans
6. *Mother's Maiden Name*	Mrs Jane Gunn
7. *Mother's Birthplace*	Baltimore City
8. *Full Name of Father*	William Fidemtimes
9. *Father's Occupation*	Grocer
10. *Father's Birthplace*	Baltimore City
Name of Medical Attendant, or other Person who makes this return	Mary Walker
Address	241 Harrison
Remarks	Mrs

arrives at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27736

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex (state whether Male or Female) female
2. Race or Color (if not of the white race) white
3. Date of Birth Nov. 7. 1878
4. Place of Birth (Street and Number) Canton Avenue No 902.
5. Full Name of Mother Margarethe Schmidt
6. Mother's Maiden Name Hoffmann
7. Mother's Birthplace Baltimore
8. Full Name of Father Peter Schmidt
9. Father's Occupation Lohner
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Wm Fr. Rayworth
Address S. Wolfe st No 28
Remarks Wm Fr

The Parent or Parents, Guardian or Guardians, Householder, Owner, Agent, Superintendent, Master, Matron, Nurse, Midwife, Physician, Undertaker, Sexton, Coroner, Clergyman, Magistrate, or other person having knowledge of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27737

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPT. NOV 21 1878 BALTIMORE

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 7 - 1878
4. Place of Birth (Street and Number)	No 234 Central Ave
5. Full Name of Mother	Medorah Connolly
6. Mother's Maiden Name	Medorah Guy
7. Mother's Birthplace	Virginia
8. Full Name of Father	T. M. Connolly
9. Father's Occupation	Painter
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Atwell
Address	286 N Broadway st
Remarks	

RETURN OF A BIRTH.

27738

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPARTMENT NOV 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	November 7-1878
4. Place of Birth (Street and Number)	No 415 E Edgar Street
5. Full Name of Mother	Isabella Barrett
6. Mother's Maiden Name	Isabella McDonnell
7. Mother's Birthplace	New Orleans
8. Full Name of Father	J. H. Barrett
9. Father's Occupation	Hat Finisher
10. Father's Birthplace	Canada
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 McDonogh st
Remarks	

...advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27739

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	
3. Date of Birth	7th of November.
4. Place of Birth (Street and Number)	359 Cathedral St.
5. Full Name of Mother	Elizabeth Hobbs.
6. Mother's Maiden Name	Vertel.
7. Mother's Birthplace	Baltimore
8. Full Name of Father	James Hobbs.
9. Father's Occupation	Fireman.
10. Father's Birthplace	Pennsylvania
Name of Medical Attendant, or other Person who makes this Return.	Charlotte Crosby
Address	369 Cathedral St
Remarks	

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27714-0

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex (state whether male or female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	8 November 1896
4. *Place of Birth (Street and Number)*	# 11 Sterrett St.
5. *Full Name of Mother*	Emily Shaat
6. *Mother's Maiden Name*	" Weber
7. *Mother's Birthplace*	Hessen Darmstadt Germany
8. *Full Name of Father*	Henry Shaat
9. *Father's Occupation*	Bookkeeper
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary Roth
Address	328 South Eutaw St.
Remarks	

RETURN OF A BIRTH.

27741

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 13 1878

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th November 1878
4. Place of Birth (Street and Number)	19th Durham st
5. Full Name of Mother	Barbara Hinz
6. Mother's Maiden Name	Barbara Hinz
7. Mother's Birthplace	Germany
8. Full Name of Father	Bernhard Hinz
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Christian Frantz
Address	22 North Chapel st per John Frantz
Remarks	Healthy.

Within six days after the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27712

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8 November 1875
4. *Place of Birth (Street and Number)* 755 Light St.
5. *Full Name of Mother* Lizzie Hamilton
6. *Mother's Maiden Name* " Hartman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Thos Hamilton
9. *Father's Occupation* Tavern Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mary Koch

Address 328 South Eutaw St

Remarks

RETURN OF A BIRTH.

27743

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8 November
4. *Place of Birth (Street and Number)* 272 Market St.
5. *Full Name of Mother* Elizabeth Ott
6. *Mother's Maiden Name* Frank
7. *Mother's Birthplace* Hessen – Darmstadt Germany
8. *Full Name of Father* Jacob C. Ott
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Hessen – Darmstadt "

Name of Medical Attendant, or other Person who makes this Return. Mary Kirk

Address 328 South Eutaw St.

Remarks

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27744

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 15 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colard
3. Date of Birth	November 5
4. Place of Birth (Street and Number)	No 1 Ear alley
5. Full Name of Mother	Rebecca Ends
6. Mother's Maiden Name	
7. Mother's Birthplace	Baltimore
8. Full Name of Father	George Ends
9. Father's Occupation	Laborer
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Oscar Jones
Address	No 61 Williams alley
Remarks	

RETURN OF A BIRTH. 27745

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 14 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second child
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov. 8th 1878
4. Place of Birth (Street and Number)	71 S. Bond St.
5. Full Name of Mother	Rosanna White
6. Mother's Maiden Name	" Moore
7. Mother's Birthplace	Dorchester Co. Md.
8. Full Name of Father	Geo. R. White
9. Father's Occupation	Overseer of Street paving
10. Father's Birthplace	Baltd. City
Name of Medical Attendant, or other Person who makes this Return.	R. W. Mansfield
Address	112 E. Broadway
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27746

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	~~Nov 8th 1848~~ No 1
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	Nov 8th 1848
4. *Place of Birth (Street and Number)*	No 23 South Eden Street
5. *Full Name of Mother*	Marilla H Robinson
6. *Mother's Maiden Name*	" H Mann
7. *Mother's Birthplace*	Pennsylvania
8. *Full Name of Father*	William Robinson Jr
9. *Father's Occupation*	Engineer
10. *Father's Birthplace*	Pennsylvania
Name of Medical Attendant, or other Person who makes this return	J K Ogden
Address	191 East Baltimore St
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27747

NOV 12 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8 November 1878
4. *Place of Birth (Street and Number)* 28 Bank St
5. *Full Name of Mother* Justina Scheidecker
6. *Mother's Maiden Name* Wisel
7. *Mother's Birthplace* U S " "
8. *Full Name of Father* Peter Scheidecker
9. *Father's Occupation* Laborer
10. *Father's Birthplace* U S

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Gasser

Address 42 E Lombard St

Remarks

RETURN OF A BIRTH.

27748

NOV 12 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)*
3. *Date of Birth* 8 November 1878
4. *Place of Birth (Street and Number)* 104 Canal St
5. *Full Name of Mother* Ana Welz
6. *Mother's Maiden Name* Kirschbaum
7. *Mother's Birthplace* U. S.
8. *Full Name of Father* Kimx Welz
9. *Father's Occupation* Packer
10. *Father's Birthplace* U. S.

Name of Medical Attendant, or other Person who makes this Return. Mrs Sara Casper

Address 52 E Lombard St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27714-9

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eleventh.
1. Sex (state whether Male or Female)	Female.
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 8th 1897
4. Place of Birth (Street and Number)	#154 Eastern Ave.
5. Full Name of Mother	Mrs Waterman
6. Mother's Maiden Name	
7. Mother's Birthplace	England
8. Full Name of Father	Meyer Waterman
9. Father's Occupation	Laborer
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Timms
Address	# 171 W Washington Str.
Remarks	F.P.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27750

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov. 8 1878
4. Place of Birth (Street and Number)	№ 369 Charles st.
5. Full Name of Mother	Mary Weber
6. Mother's Maiden Name	Kupple
7. Mother's Birthplace	Germany
8. Full Name of Father	John Weber.
9. Father's Occupation	Barber.
10. Father's Birthplace	America
Name of Medical Attendant, or other Person who makes this Return.	J. Lohmeyer midwife
Address	213 Cross st.
Remarks	

...sarise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27751

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 9 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Florence Eva Hoffman
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 8th 1878
4. Place of Birth (Street and Number)	486 Light St
5. Full Name of Mother	Harriet Hoffman
6. Mother's Maiden Name	Harriet Boyle
7. Mother's Birthplace	Baltimore Md
8. Full Name of Father	F. Hoffman
9. Father's Occupation	Brick Maker
10. Father's Birthplace	Baltimore Md
Name of Medical Attendant, or other Person who makes this Return.	Theodore Cook M D
Address	
Remarks	GIVEN NAME ADDED 5-22-53 L.M.

RETURN OF A BIRTH.

27752

NOV 26 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 23rd. 1878.
4. *Place of Birth (Street and Number)* No 230 Canton Ave
5. *Full Name of Mother* Caroline Thurman
6. *Mother's Maiden Name* " " Bakelman
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Albert Thurman
9. *Father's Occupation* Jeweller
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Mrs Goetzke

Address No 56 S. Bond St

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27753

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 8th. 1878
4. Place of Birth (Street and Number)	31 George St.
5. Full Name of Mother	Luise Voigt
6. Mother's Maiden Name	" Hiehle
7. Mother's Birthplace	Dresden Saxon, Germany
8. Full Name of Father	Henry Voigt
9. Father's Occupation	Watchmaker
10. Father's Birthplace	Baarel Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Schleifer
Address	Cr. Howard & Lombard St.
Remarks	

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27754

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 8th 1878
4. Place of Birth (Street and Number)	Gold Str. near Belair Ave
5. Full Name of Mother	Selama Young
6. Mother's Maiden Name	S. Brown
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Fred Young
9. Father's Occupation	Milk business
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Dena Hillegeist
Address	152 cg Monument St
Remarks	

27755

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November 8th 1878
4. *Place of Birth (Street and Number)* Belair Road
5. *Full Name of Mother* Louise Sholl
6. *Mother's Maiden Name* L. Roder
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Christian Sholl
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 182 E. Lombard

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27756

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	November 8th 1878
4. *Place of Birth (Street and Number)*	20 Ellwood Ave
5. *Full Name of Mother*	Mary E. Hinton
6. *Mother's Maiden Name*	[illegible] Lee
7. *Mother's Birthplace*	Louisiana
8. *Full Name of Father*	John McHinton
9. *Father's Occupation*	Police
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this return	Dennis Mahoney
Address	225 Lombard
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 27757

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 19 1878 BALTIMORE HEALTH

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 8th
4. Place of Birth (Street and Number)	Cor. Winder & Battery ave (S.B.) (Williams Road)
5. Full Name of Mother	Mary Catherine
6. Mother's Maiden Name	Elzey
7. Mother's Birthplace	Wicomico Co. Md
8. Full Name of Father	John Walter Creager
9. Father's Occupation	Watchman
10. Father's Birthplace	Baltimore Md.
Name of Medical Attendant, or other Person who makes this Return.	D. H. Smith M.D.
Address	108 S. Sharp St.
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27758

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.)

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov. 8. 1878
4. *Place of Birth (Street and Number)* S. Regis ter str No 135
5. *Full Name of Mother* Mary Pruch
6. *Mother's Maiden Name* Lant
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Nicolaus Pruch
9. *Father's Occupation* Tinner
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm Fch Bourgeois

Address S. Wolfe str No 28

Remarks Wm Fch Bourgeois

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27759

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 16 1879 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	8th November
4. Place of Birth (Street and Number)	56 Essex street
5. Full Name of Mother	Annie Mary L. Langham
6. Mother's Maiden Name	" " " Langhorst
7. Mother's Birthplace	Baltimore Md.
8. Full Name of Father	John Langham
9. Father's Occupation	Storekeeper
10. Father's Birthplace	Germany.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Louisa Wiley
Address	No 12 Patterson Park Av
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27760

NOV 13 1876

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Male
2. *Race or Color (if not of the white race)*	Colard
3. *Date of Birth*	Nov the 9
4. *Place of Birth (Street and Number)*	Spring garden Ave No 2
5. *Full Name of Mother*	
6. *Mother's Maiden Name*	Agnes Jones
7. *Mother's Birthplace*	Colured
8. *Full Name of Father*	Base Born
9. *Father's Occupation*	
10. *Father's Birthplace*	
Name of Medical Attendant, or other Person who makes this return	Esther Jones
Address	Spring garden Ave 2
Remarks	

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27761

NOV 15 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Nov the 14th
4. Place of Birth (Street and Number)	Register ett 177
5. Full Name of Mother	Henrietta Moore
6. Mother's Maiden Name	Henrietta Kingleton
7. Mother's Birthplace	Easton Maryland
8. Full Name of Father	Jas Moore
9. Father's Occupation	Stevedore
10. Father's Birthplace	Annapolis Maryland
Name of Medical Attendant, or other Person who makes this Return.	Susan Morgan Surham 147
Address	
Remarks	

RETURN OF A BIRTH.

27762

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3ter Child

1. *Sex (state whether male ~~or female~~).*
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* November the 9th 1878.
4. *Place of Birth (Street and Number)* N. Gallas St. No 41
5. *Full Name of Mother* Barbara Lubsch
6. *Mother's Maiden Name* Barbara Eckhardt
7. *Mother's Birthplace* Bischwind. K. Baiern, Germany
8. *Full Name of Father* Johann. G. Lubsch
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Bischwind. K. Baiern, Germany

Name of Medical Attendant, or other Person who makes this Return. Mary E. Miller

Address N. Gallas St. No 26,

Remarks

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27763

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 4th of Nov 1878
4. *Place of Birth (Street and Number)* No 4 Temple St.
5. *Full Name of Mother* Minnie Robinson
6. *Mother's Maiden Name* Minnie Davis
7. *Mother's Birthplace* Suffolk Va
8. *Full Name of Father* Charles Robinson
9. *Father's Occupation* Waiter
10. *Father's Birthplace* Richmond Va

Name of Medical Attendant, or other Person who makes this Return. Pruett

Address Mill

Remarks No 70 Thames St

there after, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27764

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 14 1878 BALTIMORE

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the malden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 d
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Novbr. 9 d 1878
4. Place of Birth (Street and Number)	Jefferson nar Chester Str.
5. Full Name of Mother	Babete Landerglas
6. Mother's Maiden Name	Babete Ramming
7. Mother's Birthplace	Germane
8. Full Name of Father	Peter Landerglas
9. Father's Occupation	Butcher
10. Father's Birthplace	Germane
Name of Medical Attendant, or other Person who makes this Return.	Maria R. Rudiger
Address	134 n. Bond str.
Remarks	

27765

RETURN OF A BIRTH.

HEALTH DEPARTMENT NOV 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mather, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Novbr. 9 d 1878
4. *Place of Birth (Street and Number)* 150 N. Gaistst.
5. *Full Name of Mother* Sophie Klein
6. *Mother's Maiden Name* Sophie Lange
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Heinrig Klein
9. *Father's Occupation* Tailor
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Marie Rudiger

Address 134 N. Bondstr.

Remarks

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27766

HEALTH DEPT
NOV 14 1878
BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Within six days after birth, under penalty of the law, every case of birth must be reported, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	13th
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 9th 1878
4. Place of Birth (Street and Number)	128 Ridgely St.
5. Full Name of Mother	Teresa Ward
6. Mother's Maiden Name	Slaughter
7. Mother's Birthplace	Balto City
8. Full Name of Father	Hy. J. Ward
9. Father's Occupation	Bricklayer
10. Father's Birthplace	Queen Anns Co Md
Name of Medical Attendant, or other Person who makes this Return.	R. C. Lee
Address	Hanover Barnes
Remarks	A Caesarian for this woman to Step

RETURN OF A BIRTH.

27767

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 1878 BALTIMORE

No. of Child of Mother, (*state whether* 1*st*, ~~2*d*, 3*d*, &c.~~)

1. *Sex* (~~*state whether Male or*~~ *Female*)
2. *Race or Color* (~~*if not of the*~~ *white race*)
3. *Date of Birth* Nov. 9th 1878
4. *Place of Birth* (*Street and Number*) No 405 E Lovland St
5. *Full Name of Mother* Ida A Hall.
6. *Mother's Maiden Name* Ida A Layfield.
7. *Mother's Birthplace* Baltimore Md
8. *Full Name of Father* George H Hall
9. *Father's Occupation* Artist
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this return J Ridgway Jones M.D

Address No 121 E Balto St

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

27768

NOV 12 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether Male or Female)* Girl
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Nov 9th 1878
4. *Place of Birth (Street and Number)* No 24 Parish Alley
5. *Full Name of Mother* Emma Woods
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* William Woods
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Accomac County Virginia

Name of Medical Attendant, or other Person who makes this return Deborah Thomas

Address Burgundy Alley No 70

Remarks

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

27769

RETURN OF A BIRTH.

NOV 12 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	9 November 1878
4. Place of Birth (Street and Number)	145 Lombard St
5. Full Name of Mother	Ani Tillmann
6. Mother's Maiden Name	Fuhler
7. Mother's Birthplace	U. S.
8. Full Name of Father	Henry Tillmann
9. Father's Occupation	Schumacher
10. Father's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Casper
Address	82 E. Lombard St
Remarks	

RETURN OF A BIRTH.

27770

NOV 12 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	7 November 1878
4. Place of Birth (Street and Number)	34 Lorester St
5. Full Name of Mother	Magie Böhm
6. Mother's Maiden Name	Varner
7. Mother's Birthplace	U. S.
8. Full Nome of Father	William Böhm
9. Fother's Occupation	Police Officer
10. Fother's Birthplace	U. S.
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Varner
Address	52 E. Lombard St
Remarks	

RETURN OF A BIRTH.

9777

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

NOV 25 1878 BALTIMORE

Every physician or midwife in attendance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth November 9th 1878
4. Place of Birth (Street and Number) 160 Greenmount Ave
5. Full Name of Mother Catharine Parr
6. Mother's Maiden Name C. Schilke
7. Mother's Birthplace Germany
8. Full Name of Father J. Parr
9. Father's Occupation Shoemaker
10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Dena Hillegeist

Address 182 E. Monument St

Remarks

RETURN OF A BIRTH.

2772

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

DEC 6 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	10 th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 9th 1878
4. Place of Birth (Street and Number)	10 St. Marys St
5. Full Name of Mother	Celia O'Neill
6. Mother's Maiden Name	Celia O'Neill Celia Gilchrist
7. Mother's Birthplace	Leitram Ireland
8. Full Name of Father	Michael O'Neill
9. Father's Occupation	Livery Stable
10. Father's Birthplace	Tyrone Ireland
Name of Medical Attendant, or other Person who makes this Return.	Professor Wm. T. Howard
Address	61 Md.
Remarks	Breech Presentation

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27773

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Boie
2. Race or Color (if not of the white race)	White
3. Date of Birth	9 November
4. Place of Birth (Street and Number)	42 Aliott St
5. Full Nume of Mother	Anna Kucera
6. Mother's Maiden Name	" Roubal
7. Mother's Birthplace	Brezan Bohemia
8. Full Name of Father	Josef Kucera
9. Father's Occupation	Tailor
10. Father's Birthplace	Ober Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Konrad
Address	20 Barnes St
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

277711

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 9th 1878
4. Place of Birth (Street and Number)	54 Cookie St. Locust Point
5. Full Name of Mother	Margaret Stephens
6. Mother's Maiden Name	Margaret Watkins
7. Mother's Birthplace	Ireland
8. Full Name of Father	Patrick Stephens
9. Father's Occupation	Laborer
10. Father's Birthplace	Ireland
Name of Medical Attendant, or other Person who makes this Return.	Mrs John Ettle
Address	
Remarks	

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

27775

HEALTH DEPT. NOV 21 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Dote of Birth	November 9 1878
4. Place of Birth (Street and Number)	No 419 E Eager Street
5. Full Name of Mother	Mary Kinkle
6. Mother's Moiden Nome	Mary Hoenmaker
7. Mother's Birthplace	Germany
8. Full Nome of Father	Charles Kinkle
9. Father's Occupation	Harness maker
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mary A Allwell
Address	286 N Broadway st
Remarks	

...ance at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27776

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex (state whether Male or Female)*	Female.
2. *Race or Color (if not of the white race)*	
3. *Date of Birth*	9th of November.
4. *Place of Birth (Street and Number)*	138 Eutaw St.
5. *Full Name of Mother*	Annie Frederick
6. *Mother's Maiden Name*	Hobbs.
7. *Mother's Birthplace*	Baltimore.
8. *Full Name of Father*	Thomas Frederick
9. *Father's Occupation*	Ice dealer.
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return	Charlotte Crosby
Address	369 Cathedral St.
Remarks	

RETURN OF A BIRTH.

27777

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 19 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 1

1. *Sex (state whether Male or Female)* female
2. *Race or Color (if not of the white race)* colord
3. *Date of Birth* Nov 9
4. *Place of Birth (Street and Number)* No 76 burgundy alley Baltimore
5. *Full Name of Mother* mary E scott
6. *Mother's Maiden Name* mary E johnson
7. *Mother's Birthplace* Baltimore city
8. *Full Name of Father* henry scott
9. *Father's Occupation* brick yard
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. mary ann dowsey

Address elbow lane 108

Remarks five dollars

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27778

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 18 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 9 November
4. *Place of Birth (Street and Number)* 157 South Eden Street
5. *Full Name of Mother* Lutheran Engels
6. *Mother's Maiden Name* Pelz
7. *Mother's Birthplace* Germany
8. *Full Name of Father* Engelbert Engels
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace* Germany

Name of Medical Attendant, or other Person who makes this Return. Sophie Diener

Address 1020 Gormley Street

Remarks

The Physician, Midwife, or other person in attendance upon any birth occurring within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27779

NOV 13 1878

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, its full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	Lelorena Lynch
1. Sex (state whether Male or Female)	Girl child Colored
2. Race or Color (if not of the white race)	Colored
3. Date of Birth	Sunday morning November the 10
4. Place of Birth (Street and Number)	Vine Street -
5. Full Name of Mother	Lelorena Lynch
6. Mother's Maiden Name	Marriage name Lelorena Lynch
7. Mother's Birthplace	Carroll County Md
8. Full Name of Father	George Lynch
9. Father's Occupation	Any kind of hard work
10. Father's Birthplace	Carroll county Md
Name of Medical Attendant, or other Person who makes this Return.	
Address	
Remarks	Midwife Caroline Jones 234 Vine Street -

BUREAU OF VITAL STATISTICS
BOARD OF HEALTH
BALTIMORE CITY

RETURN OF A BIRTH.

27780

NOV 13 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 13th November 1878

4. Place of Birth (Street and Number) Monument - Washington Ave

5. Full Name of Mother Lizzie Bowman

6. Mother's Maiden Name Lizzie Bowman

7. Mother's Birthplace Germany

8. Full Name of Father Louis Bowman

9. Father's Occupation Tailor

10. Father's Birthplace Germany

Name of Medical Attendant, or other Person who makes this Return. Present physician

Address 1 North Chapel St Je John Lund

Remarks Healthy.

RETURN OF A BIRTH.

27781.

NOV 13 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every Physician, Midwife, or other person having charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	10th November, 1
4. *Place of Birth (Street and Number)*	591 Orleans [illegible]
5. *Full Name of Mother*	Mary [illegible]
6. *Mother's Maiden Name*	[illegible]
7. *Mother's Birthplace*	[illegible]
8. *Full Name of Father*	[illegible]
9. *Father's Occupation*	[illegible]
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	[illegible] John Bunkel
Address	[illegible]
Remarks	Healthy.

RETURN OF A BIRTH.

27782

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NOV 13 1878 BALTIMORE

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 1

1. *Sex (state whether Male or Female)* Boy child
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* Monday ~~Sunday~~ morning november the 10 1878
4. *Place of Birth (Street and Number)* Robery street ~ 217
5. *Full Name of Mother* Dorah Taylor
6. *Mother's Maiden Name* Sarah Johnson
7. *Mother's Birthplace* Washington
8. *Full Name of Father* John Johnson
9. *Father's Occupation* Brick yard worker
10. *Father's Birthplace* BALTIMORE CITY

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks Midwife Carolin[illegible] 236 W[illegible] Street

BUREAU OF VITAL STATISTICS

This Return, to be signed by the Physician, Accoucheur, Midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of each child or children.

RETURN OF A BIRTH.

27783

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* Black
3. *Date of Birth* Nov 10th 1878
4. *Place of Birth (Street and Number)* 417 Light St
5. *Full Name of Mother* Ann. Dorsey.
6. *Mother's Maiden Name* ———
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* ———
9. *Father's Occupation* ———
10. *Father's Birthplace* ———

Name of Medical Attendant, or other Person who makes this Return. J. O. Harrington M.D.

Address 321 Light St

Remarks Illegitimate

Every Physician, Midwife, or other person having charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27784

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

HEALTH DEPARTMENT NOV 15 1878 BALTIMORE

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	First
1. *Sex* (state whether ~~Male or~~ *Female*)	[redacted]
2. *Race or Color* (if not of the white race)	White.
3. *Date of Birth*	November 10th 1878.
4. *Place of Birth* (Street and Number)	124 S. Bethel St.
5. *Full Name of Mother*	Mary Anne West.
6. *Mother's Maiden Name*	Mary Anne Butterfield
7. *Mother's Birthplace*	Tuckers Island. N. J.
8. *Full Name of Father*	Robert P. West.
9. *Father's Occupation*	House Carpenter.
10. *Father's Birthplace*	U. S. of America.
Name of Medical Attendant, or other Person who makes this Return.	J. M. Sullivan. M. D.
Address	116 Thames St.
Remarks	

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 27785

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 11 1878

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex (state whether Male or ~~Female~~) Male

2. Race or Color (if not of the white race) White

3. Date of Birth 12h 15m A.M. 10th November, 1878.

4. Place of Birth (Street and Number) Mc Mechin St near Division St

5. Full Name of Mother Sarah Emily Bibby

6. Mother's Maiden Name Sarah Emily Stewart

7. Mother's Birthplace Dorchester County — Maryland.

8. Full Name of Father William Francis Bibby

9 Father's Occupation Rail Road Freight Conductor

10. Father's Birthplace Dorchester County — Maryland.

Name of Medical Attendant, or other Person who makes this Return. Wm J. Worth M.D.

Address 148 N. Howard St

Remarks

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born in or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

Rule 12. The Physician, Midwife or other person who shall attend at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27786

HEALTH DEPARTMENT NOV 11 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Colord
3. Date of Birth	November 10th 1878
4. Place of Birth (Street and Number)	59 East St
5. Full Name of Mother	Anna Walters
6. Mother's Maiden Name	Not Married
7. Mother's Birthplace	Anarundel County
8. Full Name of Father	dont Known
9. Father's Occupation	Waterman
10. Father's Birthplace	
Name of ~~Medical Attendant~~, or other Person who makes this Return.	Sarah Carroll
Address	59 East St
Remarks	

RETURN OF A BIRTH.

27787

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

HEALTH DEPT. NOV 15 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	
3. Date of Birth	Nov 10th
4. Place of Birth (Street and Number)	No 78 Hillen St
5. Full Name of Mother	Margaretta Murphy
6. Mother's Maiden Name	" O'Dowd
7. Mother's Birthplace	Co. Tyrone Ireland
8. Full Name of Father	Timothy J Murphy "
9. Father's Occupation	Grocer & Liquors
10. Father's Birthplace	Co. Cork Ireland
Name of Medical Attendant, or other Person who makes this Return.	Dr Robert Kay 3 Gaborone
Address	No 26 E Fairmount Ave Balto
Remarks	

Every Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27788

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether male or female)* Male
2. *Race or Color (if not of the white race)* Colored
3. *Date of Birth* 10 No 1878
4. *Place of Birth (Street and Number)* No 92 East Pleasant
5. *Full Name of Mother* Jane Wilson
6. *Mother's Maiden Name* —
7. *Mother's Birthplace* North Carolina
8. *Full Name of Father* —
9. *Father's Occupation* —
10. *Father's Birthplace* —

Name of Medical Attendant, or other Person who makes this Return. Burton Wilson

Address No 70 Chestnut Ave

Remarks

RETURN OF A BIRTH.

27789

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH DEPT. NOV 14 1878 BALTIMORE

Every attendant at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (~~state whether 1st~~, 2d, ~~3d, &c.~~) ....

1. Sex (~~state whether Male or~~ Female) ....
2. Race or Color (~~if not of the~~ white race) ....
3. Date of Birth ... Nov 11th 1878.
4. Place of Birth (Street and Number) ... S E cor of Belmont & Franklin sts.
5. Full Name of Mother ... Anna E. Floyd.
6. Mother's Maiden Name ... Anna E. Dellow.
7. Mother's Birthplace ... Baltimore City.
8. Full Name of Father ... James R. Floyd.
9. Father's Occupation ... Merchant
10. Father's Birthplace ... Baltimore City

Name of Medical Attendant, or other Person who makes this Return. ... John. T. R. Floyd. M.D.

Address ... " " City.

Remarks ....

27790
27826

HEALTH DEPARTMENT
DEC 26 1878
BALTIMORE

"RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c) 2nd Cons. (Twin birth)

1. *Sex (state whether Male or Female)* Females.
2. *Race or Color (if not of the white race)* White "
3. *Date of Birth* November 10th 1878
4. *Place of Birth (Street and Number)* No 197 North Calvert St
5. *Full Name of Mother* Mary Harris
6. *Mother's Maiden Name* Mary Kuhn
7. *Mother's Birthplace* Penn
8. *Full Name of Father* Joseph Harris
9. *Father's Occupation* Baker
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Reggie Buckler

Address 185 N Charles St

Remarks

...ddress at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27791

HEALTH DEPT. NOV 14 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 10th 1878

4. Place of Birth (Street and Number) No 227 E. Eager St

5. Full Name of Mother Mary Ann Wiegen

6. Mother's Maiden Name Funk.

7. Mother's Birthplace Balto. city

8. Full Name of Father Geo. K. Wiegen

9. Father's Occupation Cooper.

10. Father's Birthplace Germany.

Name of Medical Attendant, or other Person who makes this Return. Francis A. Dawson M.D.

Address 105 E. Central

Remarks Instrumental labor.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27792

NOV 12 1878

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Physician in the birth of any child, or midwife in the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	10 November 1878
4. Place of Birth (Street and Number)	134 Orleans St
5. Full Name of Mother	Lizzie Schmidt
6. Mother's Maiden Name	Ernst
7. Mother's Birthplace	Germany
8. Full Name of Father	Henry Schmidt
9. Father's Occupation	Workingman
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Cooper
Address	52 E Lombard St
Remarks	

RETURN OF A BIRTH.

27793

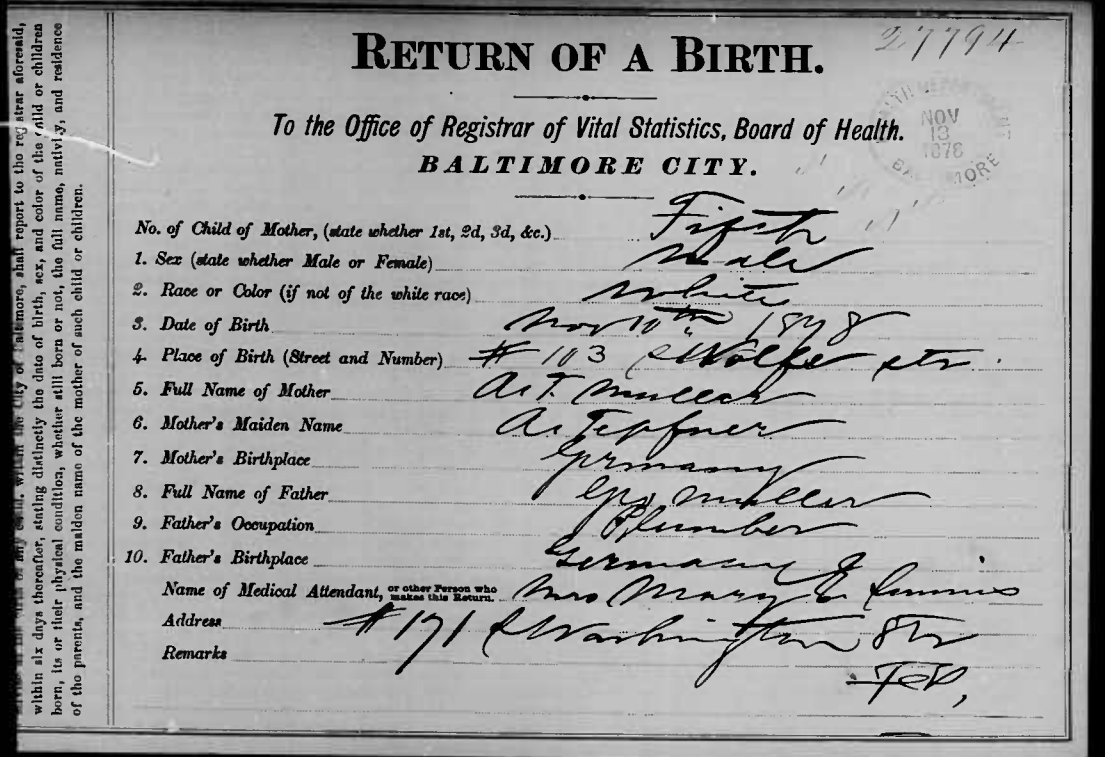
NOV 10 1870

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Every attending Physician or Midwife in any case, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	
3. Date of Birth	10 November 1870
4. Place of Birth (Street and Number)	19 Albemarle St
5. Full Name of Mother	Kattie Korens
6. Mother's Maiden Name	Rook
7. Mother's Birthplace	U S
8. Full Name of Father	James Korens
9. Father's Occupation	Laborer
10. Father's Birthplace	U S
Name of Medical Attendant, or other Person who makes this Return.	Mrs Sara Cusser
Address	82 E Lombard St
Remarks	



RETURN OF A BIRTH.

27794

NOV 13 1876

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Nov 10th 1876
4. Place of Birth (Street and Number)	# 103 Wolfe str.
5. Full Name of Mother	A. T. Mueck
6. Mother's Maiden Name	A. Tepfner
7. Mother's Birthplace	Germany
8. Full Name of Father	Gg. Mueck
9. Father's Occupation	Plumber
10. Father's Birthplace	Germany
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Timmis
Address	# 171 E Washington Str
Remarks	J.C.P.

within the limits of any Ward, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

27795

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	June 10th 1878.
4. Place of Birth (Street and Number)	160 Aisquith St
5. Full Name of Mother	Minnie J. Rhoads
6. Mother's Maiden Name	Maggie Gippprich
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Jno. L. Rhoads
9. Father's Occupation	Blacksmith
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Mrs Mary E. Simms
Address	#171 E. Washington St
Remarks	F.P.

RETURN OF A BIRTH.

27796

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	Caucasian
3. Date of Birth	November 10 1878
4. Place of Birth (Street and Number)	Maternity – 162 W. Lombard St.
5. Full Name of Mother	Mary E. Davis
6. Mother's Maiden Name	" "
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Mr Unknown
9. Father's Occupation	"
10. Father's Birthplace	"
Name of Medical Attendant, or other Person who makes this Return.	Prof. Thomas Opie M.D
Address	N. W. Cor Lexington & Cary Sts
Remarks	Mother and child & friends doing well

David Streett M.D. Resident Physician.

Notice at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27797

HEALTH DEPARTMENT DEC 20 1878 BALTIMORE

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex (state whether Male or Female)	Boie
2. Race or Color (if not of the white race)	White
3. Date of Birth	10 November
4. Place of Birth (Street and Number)	34 Abell St
5. Full Name of Mother	Josephine Kirka
6. Mother's Maiden Name	" Prazak
7. Mother's Birthplace	Nehodiv Bohemia
8. Full Name of Father	Josef Kirka
9. Father's Occupation	Tailor
10. Father's Birthplace	Nehodiv Bohemia
Name of Medical Attendant, or other Person who makes this Return.	J. Konrad
Address	20 Barnes St.
Remarks	

Within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 27798

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	Anglo-Saxon
3. Date of Birth	Sunday Nov: 10th 1878
4. Place of Birth (Street and Number)	217 John Street Balto
5. Full Name of Mother	Nora Reynolds
6. Mother's Maiden Name	Nora Lipscomb
7. Mother's Birthplace	Pass Christian Miss
8. Full Name of Father	William Reynolds
9. Father's Occupation	Lawyer
10. Father's Birthplace	Virginia
Name of Medical Attendant, or other Person who makes this Return.	Alf A Powell M D
Address	87 Franklin St
Remarks	

...ndrise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

27799

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

HEALTH NOV 25 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex (state whether Male or Female)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	November 10th 1878
4. Place of Birth (Street and Number)	No 489 W. Monument Str
5. Full Name of Mother	Mary Thies
6. Mother's Maiden Name	M. Mc Nary
7. Mother's Birthplace	Baltimore
8. Full Name of Father	Henry Thies
9. Father's Occupation	Tobacconist
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Dena Hollegeist
Address	187 W. Monument St.
Remarks	

arise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

27800

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

NOV 20 1878 BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 10th Nov. 1878.
4. *Place of Birth (Street and Number)* 1416 E. Jefferson St.
5. *Full Name of Mother* Mary Ellen Harmeyer.
6. *Mother's Maiden Name* " " Seiger
7. *Mother's Birthplace* Baltimore City.
8. *Full Name of Father* Laurence Harmeyer.
9. *Father's Occupation* Painter.
10. *Father's Birthplace* Baltimore City.

Name of Medical Attendant, or other Person who makes this return Mary Walsh

Address [illegible]

Remarks

Notice of the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 14th DAY OF April OF 1963 THE MICROPHOTOGRAPHS APPEARING HEREIN STARTING WITH # 234716 AND ENDING WITH # 279000 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

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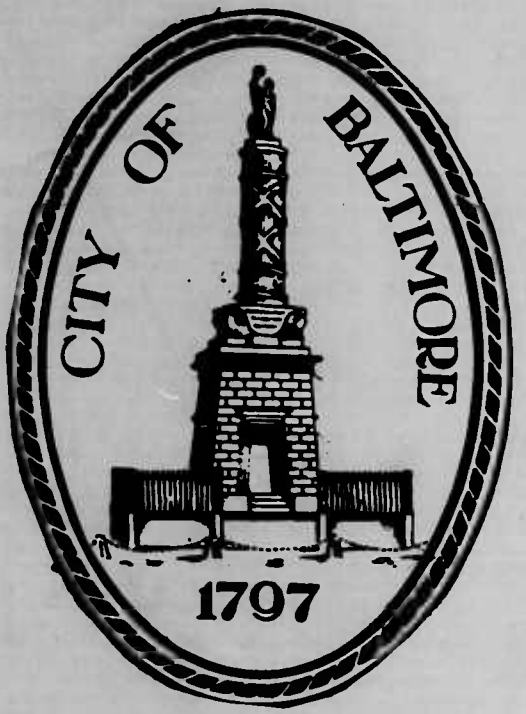

END OF REEL